DOCUMENT RESUME

ED 390 192 EC 304 456

TITLE Developmental Disabilities--Three Year State Plan, Fiscal Year 1995-1997.

INSTITUTION Michigan State Dept. of Mental Health, Lansing.; Michigan State Developmental Disabilities Council, Lansing.

PUB DATE 15 Aug 94

NOTE 77p.; Cover title varies: "Michigan 3-Year State Plan for Developmental Disabilities." For a previous report for fiscal years 1992-1994, see ED 363 075.

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC04 Plus Postage.

DESCRIPTORS Agency Cooperation; Delivery Systems; *Developmental Disabilities; Elementary Secondary Education; Family Involvement; Program Costs; Program Descriptions; Program Effectiveness; *Program Implementation; State Programs; *Statewide Planning

IDENTIFIERS *Michigan

ABSTRACT

Michigan's state plan for developmental disabilities (DD) for October 1, 1994 to September 30, 1997 is presented. This plan includes descriptions of programs and services, eligibility criteria, information on the extent of services, and a statement on the effectiveness of the programs/services. Information on services is provided for the following goal areas: community living, education, employment, leadership development and civil rights, and regional interagency coordinating committees. Specific service and program components are detailed in terms of the target population, time period of the program, resources and funding source, outcome indicators, and implementing group. The types of programs/services by which the goals are to be implemented include: family support work groups, sibling support conferences, community family support models, behavior management conferences, father participation, model waiver analysis, personal assistance services, and case management training. The plan also covers: definition of DD; multicultural involvement; state prevalence of DD; effect of DD on individuals, families, and communities; DD program organization and role of the planning council and designated state agency; interagency collaboration; and budget data. An organizational chart of the Michigan Developmental Disabilities Council is provided. (SW)

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ED 390 192

# Michigan 3-Year State Plan for Developmental Disabilities

**Covering the period October 1, 1994 to September 30, 1997**

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EC 304456



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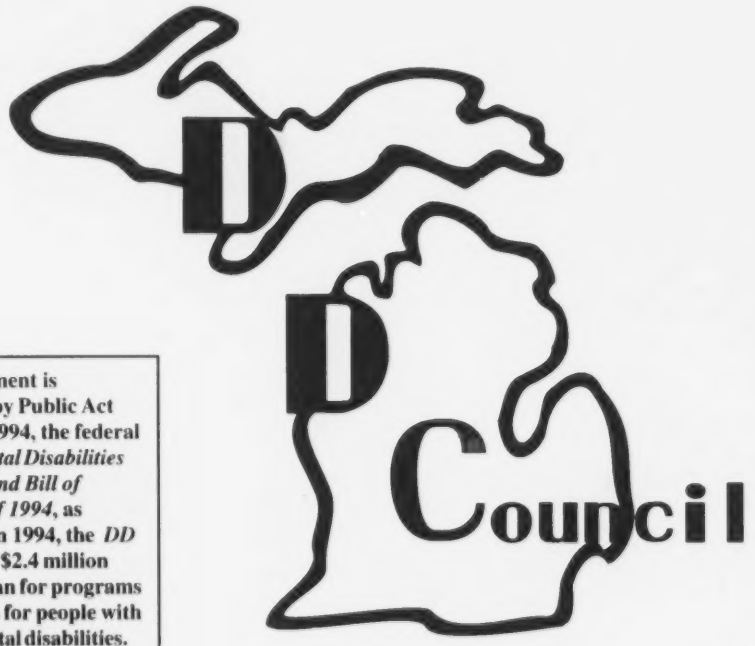
# DEVELOPMENTAL DISABILITIES
# THREE YEAR STATE PLAN
# FISCAL YEAR 1995-1997

Prepared and submitted by
*Michigan Developmental*
*Disabilities Council*

In consultation with
*Michigan Department*
*of Mental Health,*
the designated state agency




λThis document is authorized by Public Act 103-230 of 1994, the federal *Developmental Disabilities Assistance and Bill of Rights Act of 1994*, as amended. In 1994, the *DD Act* brought $2.4 million into Michigan for programs and services for people with developmental disabilities.
λCopies produced: 1,200
λEstimated cost: $1,518
λEst. cost per copy: $1.27

August 15, 1994

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# SECTION I. DEFINITION OF DEVELOPMENTAL DISABILITIES AND IMPACT

## *General Statement*

It is the position of the Michigan Developmental Disabilities Council that disability is a part of the human experience. People with disabilities have specific rights as well as responsibilities. Disability is an ongoing factor in people's lives, occurring at any age, and on a temporary or permanent basis. Fundamental concepts regarding the rights of individuals with disabilities, and indeed for all individuals, include: Self-determination/choice-making, independent living, and the opportunity to be fully included in the social, educational, political, economic, and cultural mainstream of American society.

People with disabilities and their families are capable and creative and must have key decision making roles in policies, programs, and services that affect their lives. The supports that enable persons with disabilities and their families to enjoy full participation in their community must be provided with respect for individual dignity, personal goals, preferences, and cultural differences. It is imperative that the persons providing supports are knowledgeable in the principles of inclusion, both personal and community and that they apply this knowledge throughout all environments.

People with disabilities may choose to have relationships, as well as to play, live, work, and learn with other people with disabilities. These choices must be honored. Our mission is to ensure that true choices exist, that barriers to full inclusion are eliminated; and that people with disabilities and their families have accurate and complete information regarding the services and supports they need.

The challenge is for all communities to accept and celebrate the diversity of its members, for this diversity adds a richness and fullness to their makeup. In this ever changing global community, all members must learn to live with and respect each other's individual differences and rights. Community support and involvement of all of its members, including individuals with disabilities, are essential for continuation of our society. The Michigan Developmental Disabilities Council will embrace this position in all of its advocacy initiatives, its internal operation, and in the development and implementation of its grants program.

## *Multicultural Involvement*

The Michigan Developmental Disabilities Council recognized a need to provide leadership to assure that people with developmental disabilities representing minority populations are involved in the development of, and have increased access to, services to meet their unique needs. In order to develop a policy statement and plan to achieve Council's goal, it established a multicultural work group in 1993. In June 1994, Michigan Developmental Disabilities Council adopted a policy statement on multicultural involvement which, in part, states:

The Council (including Regional Interagency Coordinating Committees and work groups) is committed to a comprehensive program of education, advocacy, and awareness on behalf of minority persons with physical and mental disabilities. It is our goal to make the Council and all its activities more ethnically responsive and culturally appropriate so people with disabilities from multicultural populations can achieve equity of access and participation and an ability to benefit from these activities. We recognize that for such alterations to occur, the Council must make an affirmative commitment, develop policy, and establish comprehensive programs and methods.

The Council affirms its commitment to:

■Achieve equity of access to, participation in, understanding of, and benefits from all Council activities by removing barriers, including language, cultural, and others.

■Eliminate racism, stereotypes and prejudice in all Council activities.

■Increase Council understanding of the emotional, physical, economic, cultural and family needs of multicultural populations.

■Increase cultural awareness and ethnic sensitivity throughout its activities.

■Assure ethnically responsive and culturally appropriate services which recognize and build on the unique strengths of people with developmental disabilities from culturally diverse populations and their families and communities.

■Increase minority involvement in the design, operation and assessment of Council activities.

*A commitment to an affirmative program which, through specific approaches outlined in the multicultural work group action plan, accomplishes the following:*

●Incorporates culturally appropriate and effective outreach strategies.

●Expand minority participation in policy and program development, evaluation and all other Council activity, council membership and participation to a level representative of the state's various multicultural populations.

●Expand minority presence, including staffing and involvement of others at all levels in all Council activities to a level representative of the state's various multicultural populations.

●Provide training and staff development programs for all staff, Council members, and other participants in Council activities, in order to achieve racial awareness and cultural competencies.

●Provide demographic data to indicate the level of multicultural involvement through such data elements as clients served, services received, benefits obtained, resources expended and others.

●Achieve participation representative of the state's various multicultural populations in the grants program including access to grant funds for minority vendors and contractors; the use of minority consultants; minority input to grant award process.

●Expand the number of grants which focus on issues concerning minority persons with disabilities.

●Develop a public awareness, public information program to market existing programs and activities to the minority community.

●Establish qualitative and quantitative program performance measures and monitors organizational achievements in the area of multicultural involvement in Council activities. The development of the performance measures and monitoring of achievements will be done in concert with minority persons with disabilities.

## *State's Application of Federal Definition*

Developmental disabilities are severe, chronic impairments which occur at an early age, usually in the developmental stages of life. They have a pervasive effect on an individual's functional ability to perform major life activities. They are likely to continue indefinitely and require the individual to acquire regular, ongoing services. The Administration on Developmental Disabilities operates under a federal definition cited in the DD Act. The Michigan Mental Health Code, written in 1974, defines developmental disability in diagnostic terms, as a criterion for eligibility for state-funded mental health services.

### *Federal Definition of Developmental Disability*

Public Law 103-230 of 1994, the *Developmental Disabilities Assistance and Bill of Rights Act*, defines "developmental disability":

The term developmental disability means a severe, chronic disability of a person which:
1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age twenty-two;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self- sufficiency; and
5. Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

### *Michigan's Definition of Developmental Disabilities*

Public Act 258 of 1974, the *Michigan Mental Health Code*, amended in 1987, defines "developmental disability" as criteria for service eligibility from the state mental health system:

Developmental disability means an impairment of general intellectual functioning or adaptive behavior which meets the following criteria:
1. It originated before the person became 22 years of age.
2. It has continued since its origination or can be expected to continue indefinitely.
3. It constitutes a substantial burden to the impaired person's ability to perform normally in society.
4. It is attributable to one or more of the following:
A. Mental retardation, cerebral palsy, epilepsy or autism.
B. Any other condition of a person found to be closely related to mental retardation because it produces a similar impairment or requires treatment and services similar to those required for a person who is mentally retarded.
C. Dyslexia resulting from a condition described in sub-paragraph (A) or (B).

In 1994, an initiative was undertaken to revise the Michigan Mental Health Code. Among other items under consideration was substituting the federal definition of developmental disability for the state definition. Legislative enactment is anticipated during 1995.

## *State Prevalence of Developmental Disabilities*

The Administration on Developmental Disabilities supported research to determine the estimated number of persons having a developmental disability. Each research project established or reaffirmed a formula to determine estimates. In the 1992-94 Michigan Developmental Disabilities State Plan, we used the formulae to estimate 150,000 Michigan citizens have developmental disabilities. This was based on:

- 1986 research by Kiernan and Bruininks, which confirms and supports Gollay's 1979 instrument and estimates 1.6 percent of the population are persons with developmental disabilities.
- 1981 research by Boggs & Henney, which estimates 1.57 percent of the population are persons with developmental disabilities.
- 1979 research by Gollay which estimates that of all persons with disabilities, 8.6 percent are persons with developmental disabilities.

Data taken from the 1990 U.S. Census indicate 15.33 percent of Michigan residents have a self-identified disabling condition. Using Census data and Gollay's formula yields an estimate that 121,721 Michigan citizens have developmental disabilities. Other measures developed in Michigan can be used to establish the estimate, as well. Michigan Rehabilitation Services, the state agency charged with developing employment opportunities for persons with severe disabilities, undertook a telephone survey in 1988 for the purpose of establishing needs. Its report said 5.38 percent of persons age 16-74, or about 356,900 citizens, had a disability or health condition serious enough to limit work or other significant life abilities.

This compared to 1990 Census data reporting 900,036 Michigan residents age 16 and older with a self-identified work disability. The Census reported 483,299 persons age 16 and older with a mobility or self-care limitation in Michigan, and reported 681,744 persons age 16 and above with self-identified disabilities who are not in the state work force.

The President's Committee on Employment of People with Disabilities in spring 1994 reported 49 million U.S. citizens with disabilities. When the Americans With Disabilities Act became law in 1990, the estimate was 43 million. Of an estimated national group of 49 million, Michigan's population of citizens with disabilities would extrapolate to about 1.8 million. Using Gollay, 8.6 percent of this group would total 154,800. On the basis of this information, it is reasonable to conclude that about 150,000 Michigan citizens have developmental disabilities.

### *Affect of Developmental Disabilities on Individuals, Their Families & Communities*

Persons with developmental disabilities are at a special disadvantage because their environment does not accommodate their need for support. This may negatively affect individuals' abilities to perform self-care, learning, mobility, self-direction, economic self-sufficiency, and/or capacity for independent living. Michigan Developmental Disabilities Council's most recent comprehensive survey of how developmental disabilities affect individuals, families and communities occurred during the Consumer Response Initiative in 1989. This activity, a set of public forums around Michigan, sought information from individuals with developmental disabilities, family members, loved ones and significant others, as well as agency personnel and service providers. The results were used to produce the Council's 1990 report, *A Chance To Choose*. In combination with the 1989 Michigan Consumer Survey and Council-sponsored public meetings in autumn 1993, information helped us form a better understanding of the affect of developmental disabilities.

Aggregate information substantiates a demographic and social mosaic portraying Michigan citizens with developmental disabilities and the way their state service system and communities attend to individual needs. Generally speaking, people with developmental disabilities want to pursue the same interests as non-disabled peers, and want to achieve similar roles in society. The consumer survey revealed Michigan citizens with developmental disabilities tend to be much poorer than the general population, have lower average levels of education, diminished access to important services like transportation and health care, and either do not work or do not work full-time. They are less likely to be married, much less likely to own their own home, and tend to routinely face major physical obstacles in routine community life activities such as voting, going to the movies, crossing streets, and using public restrooms. Persons with disabilities tend to reside in isolated or segregated environs and often have - or perceive they have - little control over their lives.

Michigan Developmental Disabilities Council sought to learn more about and positively impact these issues, and sought to affect change in the state service system, through implementation of a 1992 group of local grant projects called consumer choice. The grants were an effort to realize creation of community-based choices and simultaneously assist persons with developmental disabilities to select the most desired options. Consumer choice was characterized this way by one project manager: "To support the inclusion, participation and productivity of people with disabilities in the community. The consumer choice grant allows us, as case managers, to assist people in pursuing their dreams. The dream may be to get an apartment or house, further one's education, or get a job. No matter the dream, we are here to help participants realize their dreams."

Project evaluation notes certain trends which can be used to more closely examine ways developmental disabilities affect individuals. Since the projects are consumer-driven, common program elements may be determined to be most important to persons with developmental disabilities. Those factors include self-determination training, assistance in developing independent or semi-independent living options, employment and transportation, and a set of additional issues ranging from dating, sexual and social concerns to assistance in acquiring driver's education for participants.

# SECTION II. DD PROGRAM ORGANIZATION AND ROLE

## *State Planning Council*

Michigan Developmental Disabilities Council functions under the authority of Public Law 103-230, the *Developmental Disabilities Assistance and Bill of Rights Act of 1994, as amended,* and Michigan *Executive Order 1984-13*, which establishes the Council and names the Department of Mental Health as the designated state agency for the Developmental Disabilities Basic State Grant Program. In *Executive Order 1984-13*, the governor directed:

*The Council shall advocate for persons with developmental disabilities by advising the Governor's Office and the departments of state government of the needs of persons with developmental disabilities. The Council shall develop and recommend coordinated policy for persons described by the federal definition of developmental disabilities. The Council may enter into agreements with state agencies and other providers of service for disabled persons. The Council shall plan for the use of the federal funds available under the basic state grant portion of the DD Act to improve the capacity of Michigan's service delivery network on behalf of persons with developmental disabilities. The Council shall fulfill the functions and responsibilities provided in the federal DD Act and other responsibilities determined by the governor which are consistent with the DD Act.*

Michigan Developmental Disabilities Council members are appointed by the governor for two year terms. The governor also appoints the chairperson and the vice-chairperson. The Council organizes and supports committees and work groups as needed to carry out its responsibilities. Currently, Council committees include executive committee, public policy committee and program committee. The Council also has two work groups - family support and multicultural.

The Council meets as a whole six times per year. The chairperson determines meeting times and locations. Committee and work group chairs determine their own schedules. Notice and conduct of meetings is in accordance with Public Act 268 of 1976, the Michigan Open Meetings Act. Council administrative direction and staff management comes from:

*Council Chairperson*
Kate P. Wolters, Executive Director
Steelcase Foundation
P. O. Box 1967
Grand Rapids, Mich. 49501
Telephone area code 616, 246-4695 voice

**MISSION STATEMENT**

**To support people with developmental disabilities to achieve life dreams.**

Sharon A. Tipton, *Executive Director*
Michigan Developmental Disabilities Council
Michigan Department of Mental Health
Lewis Cass Building, 6th Floor
Lansing, Mich. 48913
Telephone area code 517, 334-6769 voice

Council membership, staff listing and organizational chart citing the Council, designated state agency, and Council relationship to the designated state agency follow on pages 7-9.

# MICHIGAN DEVELOPMENTAL DISABILITIES COUNCIL MEMBERSHIP LIST AUGUST 1994

| CATEGORY | NAME OF MEMBER | APPOINTMENT DATE | EXPIRATION DATE |
|---|---|---|---|
| I. Consumers | | | |
| A. Persons with developmental disabilities | Kate P. Wolters, Chairperson | 11/84 | 9/17/95 |
| | RoAnne Chaney | 4/89 | 9/17/94 |
| | Margaret Nielsen, Ph.D. | 6/82 | 9/17/95 |
| | Dan Vivian | 1/84 | 9/17/95 |
| | Duncan Wyeth | 11/92 | 9/17/94 |
| | Diane Kempen | 9/91 | 9/17/94 |
| B. Parents or guardians of children with developmental disabilities | Steven Heacock | 11/92 | 9/17/95 |
| | Karla Kirkland | 12/93 | 9/17/95 |
| C. Immediate relative or guardian of persons with mentally impairing developmental disabilities | Claudreen Jackson | 11/84 | 9/17/94 |
| | Gerri Caesar* | 1/84 | 9/17/95 |
| | Sally Lindsay | 9/91 | 9/17/95 |
| II. Others | | | |
| A. Principal State Agencies | | | |
| 1. Rehabilitation Act Administering Agency | Robert McConnell<br>Michigan Rehabilitation Services | 4/89 | 9/17/95 |
| 2. Education of the Handicapped Act Administering Agency | Richard Baldwin, Director<br>Special Education Services<br>Michigan Department of Education | 9/91 | 9/17/94 |
| 3. Older Americans Act | Vacant *** | | |
| 4. Title XIX of the Social Security Act Administering Act (with other DSS programs) | Robert Cecil<br>Michigan Department of Social Services | 9/91 | 9/17/94 |
| 5. Department of Public Health Bureau of Community Services | Lonnie Johnson<br>Michigan Department of Public Health | 9//92 | 9/17/94 |

| CATEGORY | NAME OF MEMBER | APPOINTMENT DATE | EXPIRATION DATE |
|---|---|---|---|
| 6. Department of Mental Health<br>Title XIX, for persons with developmental disabil. | Virginia R. Harmon<br>Michigan Department of Mental Health | 5/90 | 9/17/95 |
| 7. Michigan Jobs Commission<br>(JTPA Administering Agency) | Douglas Stites<br>Michigan Jobs Commission | 9/91 | 9/17/94 |
| B. Higher Education Training Facilities | Margaret Nielseon, Ph.D. | 6/82 | 9/17/95 |
| C. University Affiliated Program | Michael Peterson, Ph.D., Director<br>Developmental Disabilities Institute<br>Wayne State University | 4/89 | 9/17/94 |
| D. State Protection & Advocacy System | Vacant *** | | |
| E. Local Agencies, private non-profit groups | Kathryn Wakeman, Chairperson**<br>Council of RICC Chairs | 12/93 | 9/17/95 |

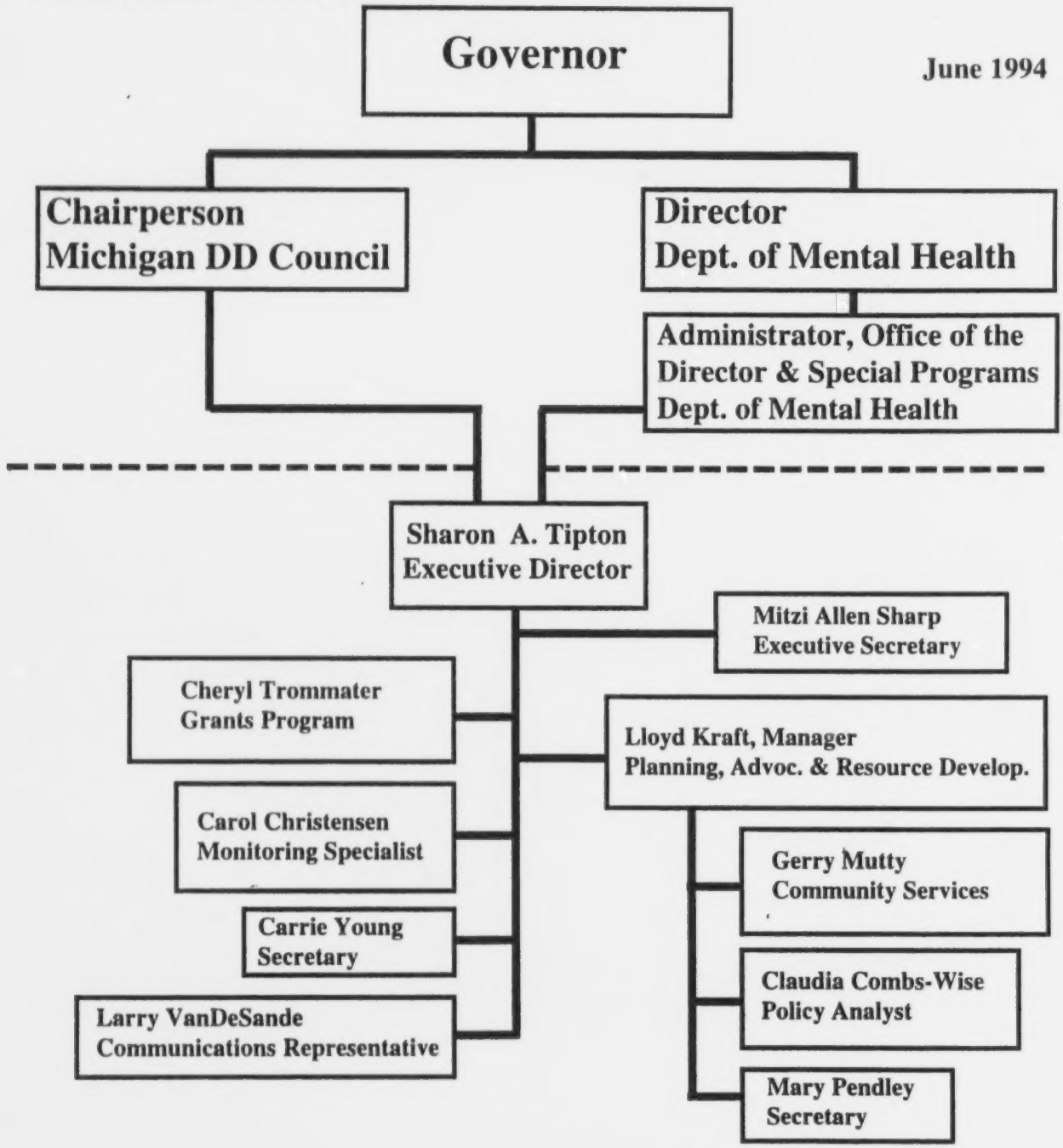
* Guardian of a person who resides in an institution

** Required by executive order

*** Vacancies to be filled in September 1994

# MICHIGAN DEVELOPMENTAL DISABILITIES COUNCIL ORGANIZATIONAL STRUCTURE

June 1994



## *Role of the Developmental Disabilities Planning Council*

As an advocate for systems change, the Council defines its role three-fold:

- To advise the governor and state agencies on the needs and wants of people with disabilities, and how state policy impacts on their lives.
- To negotiate with state agencies and others to establish policy and practice that will improve services and supports available to people who meet the federal definition of developmental disabilities.
- To build capacity of the public and private sectors to enable provision of services and supports needed by people with disabilities.

From its location within state government, the Council's major responsibility is to act as a change agent. The specific activities to be carried out by the Council to accomplish these changes are set out in the state plan. This plan can be viewed as both a compliance document and as one which shapes, guides, describes and sets the framework for Council activities in support of its priorities. With statewide hearings held around Michigan in autumn 1993 and information gathered in efforts to create the 1990 report, the Council has been in a position to construct a state plan based on the expressed needs of people with disabilities and their families. This helps assure that as the plan is developed and implemented, it responds to these needs.

A major responsibility of the Council is to be an innovator in disability policy and practice in Michigan. Much innovation occurs through the annual grant program to plan, implement and monitor innovative projects, studies and evaluations. It is in this capacity that the Michigan Council has been particularly effective in affecting permanent changes in the way services and supports are provided to people with disabilities and their families. It is through innovation that the Council maintains a leadership role in the Michigan disability community. Michigan's governor, John Engler, recently noted this fact when he stated, "The (Michigan) Developmental Disabilities Council plays a vital role in allowing local and state-wide organizations to develop new ways of improving the lives of people with disabilities."

Based on the identified needs of people with disabilities, the Council continues to formulate an effective advocacy agenda as a major tool in implementing the state plan. Because it is within the state system and also maintains operational autonomy, the Council is in position to serve as an important link between the state and advocacy community, including people with disabilities and their families. This allows the Council to take a leadership role in building collaboration between human services agencies, the advocacy community, and people with disabilities and their families. This results in developing policies and programs leading to development of community-based supports needed by people with disabilities to live independently in their communities.

The Council uses a variety of structures to implement the state plan, including: Policy study work groups on targeted issues; a system of Regional Interagency Coordinating Committees, which assures local coordination of activities to meet plan goals; Council-sponsored standing committees, to provide direction and oversight of staff activities; and direct member participation on these and other groups.

## *Designated State Agency*

Michigan's *Executive Order 1984-13*, establishes the Council and names Michigan Department of Mental Health as designated state agency for the Developmental Disabilities Basic State Grant Program. The Council's organizational relationship to the designated state agency is graphically highlighted on page 6. The DSA administrator is:

Mark Miller, Administrator
Office of the Director & Special Programs
Michigan Department of Mental Health
Lewis Cass Building, 6th Floor
Lansing, Mich. 48913
Telephone area code 517, 373-8010 voice

## *Role of Designated State Agency vis-a-vis State Planning Council*

Michigan's governor specified Michigan Department of Mental Health (department) as the designated state agency for Michigan Developmental Disabilities Council (Council). The governor appoints the department director, who delegates specific functions to the Council executive director. Functions include administering the state plan and daily management of grant funds received from the federal Administration on Developmental Disabilities. The department carries out specified functions for the Council including accounting, personnel, auditing, financial record keeping and purchasing.

The administrative office of the director of special programs provides administrative supervision to the Council executive director. Policy direction for Council activities is provided by the chairperson. The chair has a direct relationship to the director of the designated state agency and to the governor and his staff as indicated on the organizational chart. In Michigan, no direct services delivered by the designated state agency are supported by funds from the Developmental Disabilities Act, and there are no staff from the agency assigned to the Council.

Michigan continues to meet state match requirements with part of the state family support subsidy line item in the department budget. Over the past several years, many Council activities have and continue to be focused on the availability, range and quality of family support services. The statewide family support services program encompasses an array of projects, programs and activities across state departments.

## State Context

Michigan continues its focus on developing community supports to include persons with disabilities in the neighborhood. Medicaid waivers provide support services to avoid institutional placements. The family support subsidy, a successful cash benefit program, is under consideration for legislative expansion to include more children with disabilities. The state is implementing Community Support Living Arrangements waiver and is operating on a policy of shifting from six-bed group homes to more individualized service. The Council has been supporting several *Home of Your Own* demonstration grants, and is participating in one of the three federal initiatives with the Housing Alliance, all providing more viable options to persons with disabilities and their families.

Michigan Rehabilitation Services, the state vocational rehabilitation services provider, was administratively moved from the Department of Education to a new entity, Michigan Jobs Commission, with the state's other major employment initiatives. The move assisted in realization of a major Council goal: Assurance of full federal match for vocational rehabilitation funds through increased state financial participation.

## Long-Range Issues

The activities above are due in part to Michigan's recovering economy. Michigan has very recently altered its traditional method of school finance from primarily a local property-based system to a multi-faceted approach. It is based on significantly reduced local property taxes, combined with an increased sales tax from four to six percent. Simultaneous to school finance reform is an effort to reform school operations. The Council has been active in this review. It is anticipated this process will generate rule changes, including special education rules, during the 1995-97 state plan period.

Michigan was the focus of national attention because of activities of Dr. Jack Kervorkian and issues related to physician-assisted suicide. The state ruled illegal assisted suicide and simultaneously established the Commission on Death and Dying, which recently forwarded its final report to the Michigan Legislature for consideration. Suicide and euthanasia are very important issues to persons with disabilities, and have been the subject of debate in Michigan's disability community. The Council was represented at commission meetings and provided updates on activities. Council has no position on the issue, but believes people with disabilities must be considered and must be involved in the debate.

## Interagency Collaboration

Numerous examples of interagency collaboration can be found among agencies and organizations which administer federally-assisted state programs. The directors of the state departments which administer most Michigan human services programs recently issued a joint statement, *Principles for Services to Persons with Disabilities and their Families*. This will guide decision-making by state human services agencies' directors in the conduct of public/private partnerships which focus on common outcomes for people with disabilities and their families. The principles include a policy statement which says, "Recognizing the value, worth, capacities, and productivity of individuals with disabilities, the state of Michigan will array its services, supports, coverages, and entitlements offered through public services so that by design and implementation, they will foster, preserve, and enable each person to achieve maximum potential and participation in their families, relationships, communities, and Michigan's work force." Michigan Developmental Disabilities Council believes this articulation of principles will lead to enhanced collaboration for supports and services for people with developmental disabilities.

The state has also started the Michigan Transition Initiative, a collaborative effort led by the Michigan departments of Mental Health, Education, the Office of Special Education Services, and Michigan Rehabilitation Services, a unit of Michigan Jobs Commission. The initiative, which includes involvement of local community representatives and people with disabilities and family members, will develop a comprehensive state policy for school-to-adult life transition for students with disabilities. The Michigan Developmental Disabilities Council is funding a state-wide evaluation of this initiative.

Michigan departments of Social Services and Mental Health have joined with Michigan Developmental Disabilities Council to develop a person- and family-centered training curriculum for case managers. Its application will be to customers of public social services, mental health and aging delivery systems throughout Michigan. Over 2,000 client services managers, people with disabilities and family members will be trained between October 1994-September 1996.

Michigan Developmental Disabilities Council continues to identify and support opportunities for collaboration to enhance services and supports for people with developmental disabilities. The Council will explore avenues of collaboration with Michigan Rehabilitation Advisory Council and the State Independent Living Council. This will be to obtain public input from people with developmental disabilities about the services and supports they need, and to measure customer satisfaction with services and supports they received from public and private entities in Michigan.

## *Scope of Services*

Following is a description and analysis of publicly-offered Michigan programs which provide supports or other services to people with disabilities and their families. The programs described are administered by a number of state or other agencies. Funding for the programs may be local, state, federal or a combination. The information was obtained from agency staff who work directly with or are responsible for program administration. Effectiveness was determined in the context of how programs promote and enhance the independence, integration, inclusion and productivity of people with developmental disabilities and their families. Eligibility is not intended to reflect a full discussion of requirements. Rather, it is intended to give general information. Anyone interested in specific eligibility for any program should contact the state department or agency responsible for its administration.

# DEPARTMENT OF CIVIL RIGHTS

## *CIVIL RIGHTS*

**PROGRAM/SCOPE:**

The program in Michigan's Department of Civil Rights has two major areas of responsibility: Enforcement and community services. Purpose of the enforcement program is "...To investigate alleged discrimination against any person because of religion, race, color, national origin,...age, sex, marital status, height, weight, arrest record, or handicap...in the enjoyment of their civil rights guaranteed by law and this constitution, and to secure equal protection of such civil rights without such discrimination." In addition, the Michigan Handicapper Civil Rights Act states that "The opportunity to obtain employment, housing, real estate, and full and equal utilization of public accommodations, public services, and educational facilities without discrimination because of a handicap is guaranteed by this Act and is a civil right." The community services program works with consumer and employer groups in providing public education, training and programming regarding handicapper civil rights. Services provided by the department include investigation, enforcement, education, conciliation and research.

**ELIGIBILITY:**

Any Michigan citizen who feels he or she may have been discriminated against because of any reason listed above. By statute, all Michigan citizens with handicaps are eligible for services.

**EXTENT OF SERVICES:**

Of 6,811 complaints filed in 1991-92, 437 alleged violations of rights because of a handicap.

**EFFECTIVENESS:**

Despite improvements brought about by the Americans With Disabilities Act and amendments to Michigan Handicapper Civil Rights Act, many people with disabilities continue to experience discrimination. Michigan Department of Civil Rights has been and remains an important resource for fighting discrimination through legal and educational channels.

# DEPARTMENT OF EDUCATION

## *THE EARLY ON PROGRAM - PART H OF THE INDIVIDUALS WITH DISABILITIES ACT*

**PROGRAM/SCOPE:**

Program is administered by Michigan Department of Education in collaboration with departments of Mental Health and Social Services. Program helps children birth through age two who need early intervention services because of developmental delays in one or more of the following areas: Cognitive, physical, language/speech, psychosocial development, self-help skills or a diagnosed physical or mental condition with high probability of resulting in a developmental delay.

**ELIGIBILITY:**

Children birth through age two who experience developmental delays measured by appropriate diagnostic instruments and procedures in one or more of the areas listed above.

**EXTENT OF SERVICES:**

The system provides an individualized family service plan for eligible infants and toddlers and families. A child find system locates infants and toddlers in need of services, which include early intervention services necessary to meet developmental needs of the child and related family support needs.

**EFFECTIVENESS:**

Early intervention is important for prevention, early planning for appropriate education, provision of assistive technology, and potential link for families with other services. The individualized family service plan recognizes importance of the family and their input into the planning process. It acknowledges the family has its own needs which must be addressed.

## *GRANTS UNDER INDIVIDUALS WITH DISABILITIES EDUCATION ACT, P.L. 101-476*

**PROGRAM/SCOPE:**

IDEA, administered by Michigan Department of Education Office of Special Education, provides three types of funding for special education in Michigan. These include:

1. Flow-through funds used to cover the cost of any program covered under special education rules for students age 3-21.
2. State-initiated grant funds used to develop model programs that enhance special education programs.
3. Pre-school incentive grants used to expand and enrich programs for students with disabilities ages 3-5.

These programs are discussed separately and in greater detail.

**ELIGIBILITY:**

Eligibility is discussed in each separate program description.

**EXTENT OF SERVICES:**

Flow-through and pre-school incentive grants represent 173,950 of 180,114 - or 97 percent - of all students with disabilities enrolled in special education in December 1992. This will generate an estimated $66.4 million for the 1993-94 school year. An additional $11 million in pre-school grant funds flows to intermediate school districts and their constituents for direct pre-school programs and services. It is estimated revenue from IDEA funds will represent 5.7 percent of the total cost of special education excluding transportation for the 1993-94 school year.

**EFFECTIVENESS:**
Michigan has the broadest special education mandate of any state, providing services to students with disabilities from birth to age 26. Michigan is also one of the first states to provide services to 3-5 age group and is one of only six states providing services to the birth-3 age group. Michigan Department of Education must continue to look at ways to obtain funding for needed supports while continuing to move students with disabilities into inclusive classrooms in inclusive neighborhood schools.

### *HEAD START ACT*

**PROGRAM/SCOPE:**
Provides comprehensive developmental services to pre-school children from primarily low- income families, fostering their development and enabling them to deal more effectively with their environment and later responsibilities in school and community life. The program may be administered by local government, federally recognized native American tribe, or private non-profit agency that meets staffing and other requirements. Grantee agencies may subcontract with child serving agencies to provide services.

**ELIGIBILITY:**
Primarily serves children age 3 to school age whose families meet the federal poverty level guidelines. Head Start can accept children with disabilities who do not meet the poverty guidelines, but at least 90 percent of enrollees in each program must meet them. At least 10 percent of enrollment opportunities must be available for children with disabilities using the criteria from IDEA.

**EXTENT OF SERVICES:**
Total Head Start enrollment for FY 1992 in Michigan was 29,666, with 3,856 - or 13.4 percent - diagnosed as disabled. The federal Head Start allocation for Michigan was $82.3 million.

**EFFECTIVENESS:**
Congress has often criticized fulfillment of the 10 percent disability requirement as being served by children with minimal speech problems or similar handicapping conditions. One concern is no direct state agency oversight responsibility for this requirement. The program is important for children with disabilities and their families. Perhaps most important is the possibility of detecting disabilities early and beginning to plan for appropriate services for students and families at an early stage. Head Start can also be an early source of inclusive education for a child, leading to better opportunities for a fully inclusive education in the future.

### *MICHIGAN REHABILITATION SERVICES*

**PROGRAM/SCOPE:**
MRS' mission is to help people with disabilities find and keep employment and live independently. It was recently administratively moved from Michigan Department of Education to Michigan Jobs Commission. Based on an assessment of the nature and extent of an individual's disability, MRS counselors develop rehabilitation plans. The counselor coordinates services in the plan and provides vocational guidance, counseling and referral, job placement assistance and other services as needed. Examples of other MRS services include restoration of medical services and equipment, education and training, help with various occupational requirements such as license fees and initial stock and supplies, and any other goods or services that could reasonably benefit employability or independent living.

**ELIGIBILITY:**
MRS serves people with physical or mental disabilities that may cause unemployment or underemployment and who would be reasonably expected to find employment if MRS provided services. As mandated by Congress, people with the most severe disabilities receive priority. An individual with a severe disability means an individual:

- With a physical or mental impairment which severely limits one or more functional capacities.
- Whose vocational rehabilitation can be expected to require multiple services over an extended period of time.
- With one or more physical or mental disabilities presumptively defined as severe.

**EXTENT OF SERVICES:**
In 1992, MRS served 33,735 people. The 1993 MRS budget is $82 million in state and federal dollars.

**EFFECTIVENESS:**
MRS statistics indicate 83.7 percent of applicants are accepted for service, 48.9 percent of persons served are placed in employment, and 77.4 percent of clients accepted for service have a severe disability as defined by the Rehabilitation Act.

## *SPECIAL EDUCATION, CHAPTER 1, PUBLIC LAW 100-297, ELEMENTARY AND SECONDARY EDUCATION ACT*

**PROGRAM/SCOPE:**
Administered by Michigan Department of Education, the act provides child-centered projects for students birth through age 21. Michigan serves students birth to 26 years. This is not a general support program, but one that goes beyond basic special education programs supported through state and local monies.

**ELIGIBILITY:**
Schools count students December 1 under the following guidelines: 1) students who are trainable mentally impaired, severely mentally impaired, severely multiply impaired and autistic impaired; 2) students who are in the above categories but placed in alternative programs including hearing- or visually-impaired programs serving students who are deaf-blind and mentally retarded; POHI programs serving students who are multiply physically impaired and mentally retarded; pre-primary programs serving students who are multiply handicapped and mentally retarded; and students in pre-primary non-classroom programs and classified as TMI, SMI, SXI or AI; 3) students who are in separate facilities for students with emotional impairments; and 4) Chapter 1 transfer students from a psychiatric hospital or a Chapter 1 program. These students are in a non-Chapter 1 program (i.e., learning disabled) and may be identified as mentally retarded.

**EXTENT OF SERVICES:**
The December 1992 count of 15,191 eligible students generated a $7.056 million that flowed to school districts at a rate of $464 per capita.

**EFFECTIVENESS:**
Though this source of funding is important to students with disabilities, the Department of Education must continue to look at possibilities for moving students into regular education classrooms while continuing to provide needed supports.

## *SPECIAL EDUCATION PRE-SCHOOL INCENTIVE GRANTS, SECTION 619 OF P.L. 101-476 OF 1990*

**PROGRAM/SCOPE:**

Administered by Michigan Department of Education Office of Special Education, this provides funds to offset the cost of providing education to children with disabilities age 3-5. Children may participate who are 2 and will become 3 during the school year. Funds are provided on a grant basis to intermediate school districts to develop special education programs and services for eligible children in cooperation with their constituent districts. Funds may be used for child identification, screening and the full range of special education programs and services available under Michigan's special education rules.

**ELIGIBILITY:**

Children who will become 3 during the school year are eligible for service until they reach age 6. Since Michigan's special education law requires free, appropriate public education for children with disabilities, funds are used to supplement available resources for services and programs. The use of funds is determined by the intermediate school district which submits a grant proposal to the Office of Special Education detailing how funds will be used to enhance the special education system.

**EXTENT OF SERVICES:**

The grant award for the 1993-94 Michigan school year is slightly more than $11 million, based on a pupil count of 15,003. The state can use up to 5 percent for administrative costs and 20 percent for state-initiated projects. In Michigan, the money typically flows through ISDs with the exception of a small amount that covers technical assistance to local ISDs.

**EFFECTIVENESS:**

Funds available for child find help ensure that children who may have a disability are referred and evaluated to determine their need for special services. Funds also cover the cost of evaluating, planning and implementing direct services to children with disabilities. The majority of funds are used for direct services to children with disabilities within the eligible age category.

## *VOCATIONAL EDUCATION: BASIC GRANTS TO STATES, CARL D. PERKINS ACT OF 1990*

**PROGRAM/SCOPE:**

Michigan Department of Education Office of Career and Technical Education administers this program. It helps secondary and post secondary institutions design, develop and implement vocational educational programs. These programs are targeted to students with disabilities as well as those from economically disadvantaged backgrounds and those with limited English speaking abilities. Funds may be used to purchase special tools, services or equipment, interpreters, note takers, reader services and others for students with disabilities enrolled in approved vocational education programs.

**ELIGIBILITY:**

People who are members of special populations will receive equal access to recruitment, enrollment and placement activities. Vocational education programs for people with disabilities will take place in the least restrictive environment. All students with disabilities with or without an individual education plan must be afforded rights under Section 504 of the Rehabilitation Act of 1973.

**EXTENT OF SERVICES:**

The level of funding depends on a formula based on the number of economically disadvantaged students, people with disabilities and K-12 enrollment in each district's constituency. There is no longer a set-aside requirement for students with disabilities under this act.

**EFFECTIVENESS:**

States are not required to use a minimum percentage of their basic state grant for people with disabilities. The act specifies that funds must be targeted towards high concentrations of special populations in limited sites and limited programs. Since many people with disabilities are also economically disadvantaged, a significant percentage are likely to be included in that category.

# DEPARTMENT OF LABOR

## *CLIENT ASSISTANCE PROGRAM*

**PROGRAM/SCOPE:**

The program (CAP) provides advocacy and complaint resolution mechanism within Michigan Rehabilitation Services. This program has recently been moved from the Department of Education to the Michigan Jobs Commission and the Michigan Commission for the Blind in the Department of Labor. CAP exists to advise clients, client applicants and former clients of their rights and entitlements under the recently amended federal Rehabilitation Act. Major program objectives include: Providing information and referral, describing and clarifying agency policy, facilitating clear and productive communication between counselor and client, receiving complaints and negotiating informal resolutions when possible, participating in the appeals process when necessary to ensure fair resolution of client grievances, and identifying systems problems and recommending changes.

**ELIGIBILITY:**

Current clients, client applicants or former applicant clients of any program funded under the Rehabilitation Act are eligible.

**EXTENT OF SERVICES:**

In FY 1992, 447 cases and 3,563 telephone or other routing inquiries were handled. The FY 1993 budget for the CAP program is $313,548.

**EFFECTIVENESS:**

The only barrier to the success of this program is lack of public knowledge about its existence. All efforts are directed toward the client independence and productivity. The CAP has the authority to pursue both administrative and legal remedies, if necessary.

## *DIVISION ON DEAFNESS*

**PROGRAM/SCOPE:**

The DOD, a division of the Michigan Commission on Handicapper Concerns, advocates for appropriate public policy for people who are deaf and hard of hearing, informs them of their civil rights, assures the use of qualified interpreters and high technology adaptive devices, and collects and dispenses data regarding deaf and hard of hearing services. Services include interpreting for state government agencies, qualifying interpreters, advocacy and counseling for individuals, publishing deafness information directories, providing dial-a-news service, presenting orientation to deafness seminars, consulting on communication accessibility, and reporting on legislation affecting those who are deaf and hard of hearing.

**ELIGIBILITY:**

Although the target population is the 600,000 people in Michigan who are deaf and hard of hearing, information and assistance is available to all Michigan citizens.

**EXTENT OF SERVICES:**

The Division on Deafness budget, which comes from the MCHC budget, is $302,477 for FY 1994.

**EFFECTIVENESS:**

The quality assurance interpreter program promotes accurate communication between deaf and hearing persons in Michigan schools, colleges, courts, government units and places of employment. The provision of direct interpreting to state agencies, the Legislature and the Governor assures that citizens who

are deaf and hard of hearing have equal communication access to any government official or workers and vice versa.

### *JOB TRAINING PARTNERSHIP ACT (JTPA)*

**PROGRAM/SCOPE:**

The JTPA has two primary purposes: Helping states establish programs to prepare youth and unskilled adults for entry into the labor force, and providing financial assistance for job training to people who are economically disadvantaged and others facing serious barriers to employment. The governor designates JTPA service delivery areas, approves local job training plans, and allocates federal funds within federal guidelines. Local Private Industry Councils are responsible for targeting JTPA services among those who are eligible and for defining local performance standards. The goal is to move trainees into permanent self-sustaining employment through such services as job counseling, basic skills training and on-the-job training. There are four JTPA program divisions including: Title IIA includes most adult programs; IIB programs, summer programs for youth ages 16-21; Title IIC, year-round programs for ages 14-21; and Title III programs for dislocated workers.

**ELIGIBILITY:**

Title II is restricted to economically disadvantaged persons defined by the act. The governor and local PICs can adjust performance standards to target more services to people with disabilities. Up to 10 percent of eligible persons may be those not economically disadvantaged if they encounter other barriers to employment such as those faced by people with disabilities.

**EXTENT OF SERVICES:**

During the FY 1991 program year in Michigan, 15,916 Title IIA youth and adult JTPA trainees were able to enter unsubsidized employment, with 2,617 (16.4 percent) being people with disabilities. 546 participants in the summer youth program became employed (134 or 24.5 percent being people with disabilities). In the Title III dislocated worker program, 7,183 found unsubsidized jobs, including 283 or 3.9 percent who were people with disabilities.

**EFFECTIVENESS:**

JTPA is now included under the umbrella of the Michigan Jobs Commission. It is an important job training resource for people with disabilities. The disability community will need to decide, whether the image of people with disabilities is better served by simply being included in JTPA and other Jobs Commission training programs or through various "set-asides" for workers with disabilities.

### *MICHIGAN COMMISSION FOR THE BLIND*

**PROGRAM/SCOPE:**

The mission of MCB, which operates within the Michigan Department of Labor, is to provide people who are blind or visually impaired with opportunities for employment and independence through a variety of service programs. These include: 1) Rehabilitation services which include vocational evaluation, training and placement services to working age people who are legally blind. The eligibility criteria include a) 20/200 or less in the better eye or a vision field of 20 or less, b) blindness is a handicap to employment, and c) there is a reasonable expectation that services will result in employment; 2) The MCB training center in Kalamazoo which provides nearly 17,000 hours of instruction yearly in braille, mobility, adaptive living skills and specialized technology; 3) The Business Enterprise Program which licenses people who are blind to operate vending locations in private, federal and state buildings, including cafeteria operations; 4) The Independent Living Rehabilitation program which provides a variety of

specialized services to elderly individuals and people with multiple disabilities in about half of Michigan's counties; 5) The Youth Low Vision program which purchases comprehensive low vision evaluations and specialized glasses for youth with vision acuity of 20/70 or less; 6) The Client Assistance Program which helps clients with problems in vocational and independent living services and provides support for the MCB's Consumer Involvement Council.

**ELIGIBILITY:**
Eligibility criteria vary in each program. See above.

**EXTENT OF SERVICES:**
The MCB consists of 117 full-time employees providing statewide rehabilitation services.

**EFFECTIVENESS:**
The MCB has been very effective in advocating for and providing services for people who are blind or visually impaired. A comprehensive strategic plan to guide service development for the 1990s is available from MCB.

***MICHIGAN COMMISSION ON HANDICAPPER CONCERNS***

**PROGRAM/SCOPE:**
The MCHC, administratively located in the Michigan Department of Labor, is a 21 member, governor-appointed council which advances the perspectives of people with disabilities and service providers. Services include information and referral which provides disability related information on services, resources, laws and how to obtain the benefits of those services, resources and laws; disability awareness programs which provide information on the ADA, disability awareness and other disability related topics to a wide variety of private sector employers and public sector groups; state and local committee participation on a number of committees including Investing in Ability Week, Great Lakes ADA, and others; and monitoring state programs to identify areas which need addressing and providing technical assistance to state and local government on compliance issues.

**ELIGIBILITY:**
Services are available to Michigan's 1.5 million people with disabilities and to all other Michigan citizens.

**EXTENT OF SERVICES:**
Information and referral is provided at an average of 500 requests per month on the Ability Action Line. During FY 1993, MCHC made 43 presentations/training. The MCHC budget for FY 1994 is $671,000.

**EFFECTIVENESS:**
MCHC has been a major player and has had a major impact on ADA implementation, for both the private and public sectors in Michigan. The agency also plays an important role in the state's economic development through its work in making society aware of the strengths and abilities of people with disabilities and the economic advantages of investing in those abilities.

# DEPARTMENT OF MENTAL HEALTH

## *ALTERNATE INTERMEDIATE SERVICES FOR PEOPLE WITH MENTAL RETARDATION (AIS/MR)*

**PROGRAM/SCOPE:**

A Medicaid program, AIS/MR is operated in Michigan under the auspices of an interagency agreement by the Michigan Department of Mental Health. The program provides specialized in-home treatment and habilitation for people with mental retardation in facilities which are licensed by the Department of Social Services as child-caring institutions or adult foster care small group homes. They must also be certified by the Department of Public Health as being in compliance with intermediate care facility/MR standards. In-home habilitative training and/or behavior management is provided in homes ranging in size from 4-8 residents. Each resident must receive a continuous active treatment program that includes aggressive, consistent implementation of specialized and generic training, treatment, health services and related services directed toward; 1) the acquisition of behaviors necessary to function with as much independence and self-determination as possible; and 2) the prevention or deceleration of regression or loss of current optimal functioning status.

**ELIGIBILITY:**

Residents must meet ICF/MR eligibility criteria, require the most service-intensive settings, be deficient in community living and self-care skills and may exhibit moderate to severe maladaptive behavior. The population includes people of all ages who function in the severe to profound range of disability.

**EXTENT OF SERVICES:**

In December 1993, Michigan's AIS/MR program included 475 AIS homes with 2,820 certified beds.

**EFFECTIVENESS:**

AIS homes are very important to people who have severe and complex needs in that they provide a community placement alternative for many who would have otherwise remained in large state institutions. People in these smaller settings have often shown major improvements and may obtain the skills needed to move into more independent settings, opening more AIS "slots" for people who are still in large institutions.

## *CENTERS FOR DEVELOPMENTAL DISABILITIES*

**PROGRAM/SCOPE:**

Three state-operated centers for developmental disabilities are certified as ICF/MR providers. They provide individualized comprehensive services including treatment, personal care, supervision and education. In Michigan, only those people are admitted who have the most severe levels of disability and for whom community programs cannot provide the supports necessary to maintain that person in the community.

**ELIGIBILITY:**

People admitted to DD Centers shall: 1) have a developmental disability as defined by the federal Developmental Disabilities Assistance and Bill of Rights Act and the Michigan Mental Health Code, and 2) require a program of active treatment as a continuous program that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that are directed toward (a) the acquisition of the behaviors necessary to function with as much self-determination and independence as possible, and (b) the prevention or deceleration of regression or loss of current optimal functional status. Persons with a dual diagnosis also require the implementation

of an individualized plan of care developed under and supervised by a physician and other qualified mental health professionals, that prescribes specific therapies and activities.

**EXTENT OF SERVICES:**
The population of DD centers in Michigan has dropped from a high of 12,694 to the current level of approximately 475. Only 9 children with developmental disabilities remain in state institutions.

**EFFECTIVENESS:**
The movement from state institutions has leveled off during the past year due primarily to a lack of adequate community resources to match the needs of residents with very severe disabilities who remain. The DD Council continues to advocate for the closure of all state DD Centers by the end of FY 1994. To help facilitate this, the Council will work with DMH to determine the needs of the remaining residents and explore various alternatives appropriate to the needs of this group.

### *COMMUNITY SUPPORT PROGRAM FOR ADULTS (CSP)*

**PROGRAM/SCOPE:**
The CSP for adults, administered by the Michigan Department of Mental Health, is a discretionary grant program designed to assist states in the development of community support systems for adults with severe mental illness. Only state mental health authorities are eligible to receive CSP grants directly. Sub-grants may be made to other state agencies, universities, local governments consumer groups and community based service programs. CSP services include development of community support strategies to enhance existing service systems and demonstration of new service models for possible replication statewide.

**ELIGIBILITY:**
Application is at the discretion of the state. The focus of CSP grant activities and geographic areas covered are also at the state's discretion. However, target population and activities must be within federal guidelines. Specific types of CSP grants available from the National Institute of Mental Health and their requirements vary from year to year.

**EXTENT OF SERVICES:**
Previously funded multi-year CSP grants continue in some states, including those focused on elderly people with mental illness, young adults with a dual diagnosis of serious mental illness and substance abuse, people with mental illness with or at risk of AIDS/HIV, and grants targeted to homeless people with serious mental illness.

**EFFECTIVENESS:**
CSP grants to states can be an important resource particularly for groups listed above. Information from the DD Council's MR/MI community projects indicates that many people with this diagnosis have a history of substance abuse.

### *FAMILY SUPPORT SERVICES*

**PROGRAM/SCOPE:**
Administered by the Michigan Department of Mental Health through community mental health boards, these services provide supports needed for families of people with disabilities to maintain inclusive, community-based, family-centered lives. Services provided under the definition of family support may include: Consumer input, case management services, respite and sitter services, parent training and education, other in-home and out-of-home intervention services, financial services, assessment and

evaluation, therapeutic mental health services, support groups, crisis intervention and a cash subsidy program.

**ELIGIBILITY:**
The target population is Michigan families of people with developmental disabilities.

**EXTENT OF SERVICES:**
Although the exact number of families receiving family support services is not known, all 55 CMH boards are providing at least minimal levels of family support services. At the end of FY 1992, CMHs reported expenditures of approximately $12.2 million for family support services other than the subsidy.

**EFFECTIVENESS:**
In order for Michigan to continue its national leadership as a model for the delivery of family-centered, community-based family support services, the legislature must continue to adequately fund these services. A recent DD Council-funded, state-wide family support services study indicated that though Michigan continues to deliver high quality family support services there is a great need for increased funding, especially for respite care which is, and has always been, the number one area of need. The study also included a number of recommendations for DMH activity. These have been reviewed by the department and a positive response has been received to a number of these. It is incumbent upon the department to act expeditiously on these recommendations, some of which cost nothing to implement.

***FAMILY SUPPORT SUBSIDY***
**PROGRAM/SCOPE:**
The cash subsidy supports families by helping to pay for special expenses incurred by families when caring for a child with severe disabilities at home. The Michigan Department of Mental Health, through CMH boards, administers this program. Use of subsidy funds is totally flexible and controlled by the family. Examples of use by families in Michigan include: special equipment and accommodations, special diets, large paper diapers, special transportation needs, clothing and respite care beyond that provided by other programs.

**ELIGIBILITY:**
Families may be eligible if they have a child with a severe disability who is under age 18. A public school district's multidisciplinary team must identify the child as severely mentally impaired, severely multiply impaired, or autistic impaired. In addition, family taxable income may not exceed $60,000. The eligibility criteria generally exclude families of children who are severely physically impaired but not mentally impaired and those who are emotionally impaired.

**EXTENT OF SERVICES:**
The subsidy budget is currently $11 million and provides a cash subsidy for 4,125 families.

**EFFECTIVENESS:**
Although the subsidy does not cover all needs of families, funds assist in providing for many basic necessities. The subsidy also has a symbolic value in that it expresses Michigan's support and encouragement for families who want to provide inclusive, community-based lives for their children with severe disabilities. Of the more than 1,900 families who responded to the DMH subsidy survey, 91 percent reported that the subsidy had been "a help or a great help" in meeting the family's special needs, while 95 percent reported the same for meeting the needs of the child with a disability. The Developmental Disabilities Institute at Wayne State University has recently completed a DD Council-funded study to validate definitions and to arrive at an estimated number of eligible families for the subsidy in

the physically or otherwise health impaired (POHI) and emotionally impaired (EI) categories. The results will be used for advocacy efforts to include these families in the program.

### *FEDERAL MENTAL HEALTH BLOCK GRANT*

**PROGRAM/SCOPE:**

The new federal Center for Mental Health Services administers the Mental Health Block Grant within the Substance Abuse and Mental Health Services Administration. This program, established by P.L. 102-321, provides grants to expand community-based services for adults with serious mental illness and children with severe emotional disorders. The Mental Health Grant CSP provides resources to state mental health authorities to advance and promote services for persons with serious mental illness.

**ELIGIBILITY:**

Proposals are solicited from local CMH Boards. The focus of these grants are partially established by law and partially planned by the state department as required by P.L. 102-321. Non-profit providers may subcontract with a CMH Board to access these services.

**EXTENT OF SERVICES:**

These grants are usually given by DMH to community mental health providers who may then contract with other providers. During FY 1992-3, $9.8 million has been granted for various services including: Assertive community treatment teams, psychological rehabilitation centers, drop-in centers, respite services, wrap-around services, services for older persons with mental illness and services for persons with mental illness who also abuse drugs or alcohol.

**EFFECTIVENESS:**

While the philosophy of these grants unquestionably contains much merit, empirical data is not yet available on definitive benefits. While it appears that the incidence of casual drug use has been declining in recent years, the influence of these grants on this reduction cannot yet be quantified.

### *OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES*

**PROGRAM/SCOPE:**

Programs serving Michigan's older adults with developmental disabilities promote the maximum independence, integration into the community and optimal productivity of this population. These programs are under the jurisdiction of the Department of Mental Health, local community mental health boards, the state Office on Services to Aging and Area Agencies on Aging. Services by local CMHs in Michigan include admission screening for regional psychiatric hospitals or local psychiatric units, aftercare, assessment, case management, community education, family and individual therapy, nursing home consultation, pre-admission screening and mental health services in nursing homes, prevention, crisis intervention, group therapy, home visits, placement planning and support groups. The Area Agencies on Aging are responsible for planning and coordinating services in 14 areas of the state. They must include information on the needs of older persons with developmental disabilities in their area plans and provide assistance to providers in their regions in serving this population.

**ELIGIBILITY:**

Programs funded by the Older Americans Act are available to people who are 60 and older. Services are available to residents of DD centers, DMH contract homes, nursing homes, CMH contracted adult foster care homes, homes for the aged and those who live independently or with their families.

**EXTENT OF SERVICES:**
In 1993, CMH boards reported serving 3,357 persons ages 55 and older. Since the 1989 nursing home reform requirements of OBRA, approximately 2,000 persons with developmental disabilities were screened and 650 of these have been placed in community settings.

**EFFECTIVENESS:**
Barriers to integration and to appropriate service delivery continue to include the inability to locate this hidden population, lack of skilled providers, and the attitudes of community members and participants toward aging programs. Through the work of the Mental Health and Aging Consortium, and projects such as the DD Council-funded aging DD integration project at Lansing Community College, it is hoped that progress will continue toward providing the education and training needed to break down these barriers.

## *SUPPORTED EMPLOYMENT*

**PROGRAM/SCOPE:**
Supported employment helps increase independence, productivity, community involvement and self-esteem of people with disabilities through the provision of real work in integrated settings. It enables people with disabilities to work and earn wages in the community alongside others who do not have disabilities. With the help of a job coach, who guides and prompts the worker as needed, the worker develops the skills needed for more independent work. Supported employment services may include outreach, case management, assessment, job development, job-worker matching, job placement, job coaching, evaluation of worker productivity, counseling, transportation and employer and community relations.

**ELIGIBILITY:**
To participate in the supported employment program, a person must have a disability so severe that he or she would not be able to work without ongoing support services. Ongoing support services must be provided to each worker, often by a personal assistant called a job coach or employment training specialist.

**EXTENT OF SERVICES:**
In 1992, Michigan Rehabilitation Services served 1,876 people in supported employment programs and a total of approximately 500 people were rehabilitated with an average monthly wage of $400. A comprehensive survey of state programs was completed by Western Michigan University and indicated in January 1991, 2,762 people were in supported employment. November 1993 data from Michigan Department of Mental Health indicates CMH boards provide about 3,200 persons with supported employment services.

**EFFECTIVENESS:**
Several positive activities have occurred recently to help increase the availability of supported employment options. First, the Department of Mental Health and Michigan Rehabilitation Services each contributed $24,000 to Michigan State University to revise and update the job coach curriculum. Second, to enhance data collection capabilities, DMH developed a mandatory community-based employment reporting format, the first completed as of July 1993. Third, DMH targeted an additional 15% in community-based employment for FY 1994.

## *SUPPORTS FOR COMMUNITY LIVING*

### PROGRAM/SCOPE

Michigan's state and county mental health system is responsible for administering a variety of programs which provide supports and services for people with disabilities to live as independently as possible in their own homes (or with their families) and to participate in community activities of their choice. These programs provide services which promote consumer choices and encourage full control of services and supports by people with disabilities. Examples of these programs include:

- Community supported living arrangements, an optional amendment to the Medicaid state plan enacted by Congress in 1990. Michigan is one of seven states chosen to demonstrate the efficacy of using Medicaid to fund community-based supports, rather than through traditional medical model services.

- Mental health habilitation/supports waivers, recently amended to allow a variety of services which enhance the ability of people with more severe disabilities to live in their communities.

- Supported independence programs, which typically involve 1-2 persons with disabilities to live in a place of their own - home, condominium, townhouse or apartment - and receive a variety of staff and supportive services enabling them to prepare their meals, maintain their household and participate in shopping, recreation, social activities and work.

### ELIGIBILITY

Each program carries its own eligibility requirements, which may be obtained by contacting Michigan Department of Mental Health in Lansing, or your local community mental health agency.

### EXTENT OF SERVICES

Services and supports covered by these programs include homemaker and chore services, respite care, environmental modifications, transportation, personal assistance, medical equipment and supplies, adaptive equipment, assistance with budgeting and other services which support community living. There are 467 persons enrolled in community supported living arrangements, which has estimated annual expenditures of $5.9 million. Some 2,654 persons received waivers in 1993, with average expenditure of $44,720 per participant, compared to $73,558 average expenditures for ICF/MR .

### EFFECTIVENESS

In combination with DSS independent living services and Public Health special needs programs, the programs assist persons with disabilities to live as independently as possible in settings and localities of their choice. The supports continue to accelerate the move away from packaged medical model services toward more customer-ized services that people with disabilities want, need, choose and control. In the next several years, the challenge will be to move these programs from their status as special or waiver programs to become standard coverage in traditional health care plans.

# DEPARTMENT OF PUBLIC HEALTH

## *CHILDREN'S SPECIAL HEALTH CARE SERVICES*

**PROGRAM/SCOPE:**

CSHCS is a program administered by the Department of Public Health that provides early identification, diagnosis and treatment of handicapping conditions in children. CSHCS receives funds from the MCH Block Grant, Medicaid and the state. The program includes the following services to children with disabilities and their families: Diagnostic evaluations; assessment of family service needs; case management; payment for medical care and treatment and the parent participation program.

**ELIGIBILITY:**

CSHCS serves children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to, cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severe disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic valuation. All other program services are available to people under 21 who have an eligible diagnosis; people of any age with cystic fibrosis or coagulation defects, i.e. hemophilia; and children under 16 who are eligible for SSI.

**EXTENT OF SERVICES:**

The program served about 20,000 people during FY 1992 with a budget of $62 million in Title V, Title XIX and state funds.

**EFFECTIVENESS:**

CSHCS has been an important resource for families who wish to keep a child with severe disabilities at home by providing essential support services. It is particularly important to children with developmental disabilities who do not have mental retardation. Programs such as the family support subsidy are not available and other CMH services are often difficult to obtain for these families. CSHCS is often the only resource available.

## *EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT*

**PROGRAM/SCOPE:**

The EPSDT program seeks to discover potential health and/or developmental problems in children as early as possible to prevent the need for costly services at a later date. It is a federally mandated Medicaid program administered in Michigan by the Department of Social Services, the designated state Medicaid agency. MDSS sub-contracts with Michigan Department of Public Health for program-related services to comprehensive EPSDT providers. These include training, quality assurance and outreach to local health departments. Comprehensive providers must be certified and are required to administer specific tests following program policies and procedures. The basic EPSDT screen provides the equivalent of a well baby/child examination which is within the scope of practice for the enrolled provider.

**ELIGIBILITY:**

The EPSDT screening process is available to people under age 21 who are on Medicaid and income eligible children born after September 30, 1983 who reside with families with incomes of up to 133 percent of poverty.

**EXTENT OF SERVICES:**
The program is mandated to screen 80 percent of eligible Michigan Medicaid recipients by 1995. For FY 1992, 110,000 screens were completed. To increase the number of children being screened, DSS has begun enrolling Medicaid recipients with managed care providers - health maintenance organizations and physician sponsored plans - as well as contracting with private providers for state-wide outreach efforts. Comprehensive EPSDT is available in 49 local health departments and more than 55 private physicians and clinics throughout the state.

**EFFECTIVENESS:**
EPSDT is very important in identifying children with developmental disabilities by diagnosing and treating potential disabilities. It is also a very important part of the Early On program for children age 0-3. An aggressive outreach effort must continue to assure statewide awareness of EPSDT.

### *MATERNAL AND CHILD HEALTH BLOCK GRANT*

**PROGRAM/SCOPE:**
The basic MCH Block Grant enables states to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for mothers and children who do not have access to adequate health care. These grants target primarily women and children, with priority to mothers and children, especially those who are low income. States have some discretion in targeting the use of these funds within federal guidelines. States may impose fees for MCH-supported health services, but not to low income mothers or children. Fees are based on a sliding scale with adjustments for income and family size.

**ELIGIBILITY:**
Only states are eligible to receive these funds directly. To be eligible, states must report on their intended expenditures and target populations.

**EXTENT OF SERVICES:**
For FY 1994, grant allocation to Michigan is $20,220,974, an increase of $838,000 from the previous year.

**EFFECTIVENESS:**
This program provides another method for states to finance needed health care for children with high health care needs and their families. They are very important to supporting families' efforts to provide a family-centered life for their children.

### *MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT, SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)*

**PROGRAM/SCOPE:**
This is a set-aside within the MCH Block Grant and is used by the U.S. Department of Health and Human Services to carry out special grant projects of regional significance in training and research. Services may include grants for genetic testing; counseling and information development and dissemination programs; grants to improve the health of mothers, infants, children and adolescents; training grants to institutions of higher learning for health care-related services for mothers and children; and research and demonstration grants for studies relevant to the block grant and CSHCN program.

**ELIGIBILITY:**
Training grants may be made available to public institutions of higher learning, while research grants may be made available to these institutions as well as to private agencies engaged in research in MCC or in CSHCN programs. Any agency is eligible for hemophilia and genetics grants and SPRANS.

**EXTENT OF SERVICES:**
The set aside is 15 percent within the MCH Block Grant appropriation up to $600 million and a 12.75 percent set-aside of appropriations over $600 million. These grants also include a portion earmarked for the broad MCH target population and the development of comprehensive community-based networks and case management targeted to children with special health care needs.

**EFFECTIVENESS:**
The counseling, testing and treatment portions of this grant provides another method to finance health care for children with special health care needs and their families. This is very important to families who need supports to provide a family-centered, community-based life for their child. The training portion will provide more effective personnel to deal with families needing these supports.

# DEPARTMENT OF SOCIAL SERVICES

## *ADULT COMMUNITY PLACEMENT*

**PROGRAM/SCOPE:**

The ACP program, administered by the Michigan Department of Social Services, helps people with developmental disabilities and their families to locate and access services that will enable them to live in settings other than their own homes. The setting is, to the extent possible, based on the needs and choices of the individual and may include licensed adult foster care homes, homes for the aged, and, when other alternatives are not available, nursing homes. Services available in the AFC program include: placement, case management, referral to other needed programs, payment for personal care/ supplemental payments in AFC/HA, and physical disability services.

**ELIGIBILITY:**

Services are available to all adults 18 years of age or older who need pre-placement, placement or post-placement services. The ACP program does not use a formal disability definition. Eligibility depends on functional limitations and the need for licensed residential services.

**EXTENT OF SERVICES:**

DSS estimates that 9,838 people received ACP services in FY 1992 and that 23 percent, or 2,263, were people with developmental disabilities. The budget for the personal care state supplement for FY 1992 was $19.6 million. ACP is part of the local office adult services worker allocation, which includes about 500 staff for all adult programs.

**EFFECTIVENESS:**

In addition to placements, the ACP program also serves an important function in its follow-up client services management and advocacy role. The worker in effect becomes a broker for other needed services including education, employment, mental health, financial assistance, etc. Advocacy activities may include resolving income issues such as SSI/SSDI or Medicaid, assisting the AFC resident to locate more independent community living arrangements when appropriate and assisting with school transition issues. These activ[illegible]are all important in helping people with disabilities become as independent and productive as possib[illegible]

## *ADULT FOSTER CARE LICENSING*

**PROGRAM/SCOPE:**

In Michigan, AFC homes are authorized, defined and regulated under the provisions of P.A. 218 of 1979, as amended, the Adult Foster Care Facility Licensing Act. This act regulates homes in the categories of 1) family homes (up to six residents), 2) small group homes (up to twelve residents), 3) large group homes (private residential homes for one to twenty residents) and 4) congregate care facilities (facilities with twenty or more residents, limited to those already existing and homes for the aged). Licensing, oversight and regulation of these homes is the responsibility of the Michigan Department of Social Services. As defined by the Act, foster care is defined as "the provision of supervision, personal care and protection, in addition to room and board for 24 hours a day, five or more days per week and for two or more consecutive weeks for compensation". In Michigan, the Department of Mental Health AIS homes are also subject to the requirements of AFC licensing.

**ELIGIBILITY:**

All homes meeting the definition of adult foster care must be licensed.

**EXTENT OF SERVICES:**
Michigan has over 4,800 AFC homes serving approximately 35,000 residents. Of these, 3,513 are family, 893 are small group, 381 large group and 19 are congregate. The 63 licensing field consultants handle about 1,000 license applications and 1,700 complaints each year.

**EFFECTIVENESS:**
In addition to helping assure the health and safety of residents, AFC licensing staff monitor resident service plans. These plans detail activities that can provide opportunities for residents to become as independent and productive as possible. DSS reports the need for additional field staff to meet the mandated frequency of inspection and site visits.

## *ADULT PROTECTIVE SERVICES*

**PROGRAM/SCOPE:**
APS, administered by the Michigan Department of Social Services, is to help assure the safety of vulnerable adults who are or may be in danger of being abused, neglected or exploited. Services include timely investigation of dangerous situations, crisis intervention, supportive services, and assistance with legal action when necessary and appropriate.

**ELIGIBILITY:**
The program's target population includes adults (18 years or older) who are in danger of being abused, neglected or exploited. Income or disability are not considered for eligibility.

**EXTENT OF SERVICES:**
The average number of people with developmental disabilities served per month by the program is 337, or 21 percent of the total adult protective services caseload.

**EFFECTIVENESS:**
Adult protective services can be effective in providing immediate protection from this kind of exploitation as well as from abuse and neglect. Adult protective services may intervene even when abuse to persons with disabilities is very subtle. They may also facilitate the adults' move toward independence by introducing the array of community services available that will support this effort.

## *CHILD WELFARE SERVICES-ADOPTION ASSISTANCE*

**PROGRAM/SCOPE:**
This federal formula grant program, administered by the Michigan Department of Social Services, helps states provide subsidies for the adoption of children with special needs. Funds may be used for adopted children until they are 18 years old or until 21 years of age if the child has a disability and the state determines that assistance should continue. A related program, the adoption opportunities program, provides discretionary grants to non-profit agencies who are involved in adoption services and research on child welfare. These grants fund special demonstration projects in special needs adoptions, including adoption of children with developmental disabilities. Children who are members of racial and ethnic minority groups receive special emphasis in this program.

**ELIGIBILITY:**
Children are eligible if they 1) receive or qualify for aid to families with dependent children or supplemental security income or 2) have special needs, such as a disability, which make it reasonable to conclude that they cannot be adopted without adoption assistance.

**EXTENT OF SERVICES:**
DSS said 1,680 adoptive placements took place in FY 1992, 770 by DSS and 910 by private agencies. Of these, 782 had no disabilities while 898 were "physically, mentally or emotionally disabled". The total adoption subsidies budget for FY 1992 was about $43 million.

**EFFECTIVENESS:**
Adoption assistance is an important resource for children with special needs, including those with developmental disabilities. By increasing adoption opportunities, these children will be able to participate in the life of their communities with the support of loving families. It is important, that DSS strengthen data collection capacity to identify children with developmental disabilities so appropriate support needs can be met.

### *CHILD WELFARE SERVICES-FOSTER CARE*

**PROGRAM/SCOPE:**
This federal formula grant program, administered by the Michigan Department of Social Services, helps states provide services to eligible children who need foster care. The grants may be used for the actual provision of services to children who are eligible, the development and maintenance of efficient program administration, and the training of child welfare staff. Children with developmental disabilities may be the responsibility of either the Department of Social Services or the Department of Mental Health.

**ELIGIBILITY:**
Children are eligible if they qualify under AFDC, are determined by Juvenile Court to need foster care, and are in the care of the administering state agency or another public agency under agreement with the state agency.

**EXTENT OF SERVICES:**
DSS reports that 17,395 foster care cases were opened through 1992 with a budget of more than $208 million. Because of a limited data reporting system, it is difficult to know how many of these children have developmental disabilities.

**EFFECTIVENESS:**
Although many children with disabilities are in foster care, it is difficult to identify what types of disabilities are represented because of a limited reporting capacity. It is critical for the administering agency to increase data collecting capacity to identify children with disabilities more specifically to assure that appropriate supports are being provided.

### *CHILD WELFARE SERVICES STATE GRANTS*

**PROGRAM/SCOPE:**
This federal formula grant program, administered by the Michigan Department of Social Services, establishes, extends and strengthens child welfare services provided by state and local public welfare agencies. Its purposes include enabling children to remain in their own homes or, when that is not possible, providing alternative permanent homes. Grants may be used for a number of services including the cost of personnel to provide protective services to children; licensing and standard-setting for private child caring agencies; homemaker services; return of runaway children; and prevention and reunification services.

**ELIGIBILITY:**
*All families and children in need of child welfare services are eligible.*

**EXTENT OF SERVICES:**
Funds for foster care and adoption assistance under this program are limited. Descriptions of these programs, the numbers of families served and their budgets are noted earlier in this section.

**EFFECTIVENESS:**
Because of a somewhat limited data base regarding specific types of disabilities, it is difficult to assess the impact of this program on children with disabilities. However, because of the services covered by the program, it is important for families attempting to keep their children with severe disabilities at home.

***INDEPENDENT LIVING SERVICES***
**PROGRAM/SCOPE:**
The ILS program, administered by the Michigan Department of Social Services, restores and maintains independent living for people who are aged, blind or have other disabilities. It provides services, or payment to purchase services, that will maintain people in their own homes or other independent living arrangements. Services include case management, counseling, education and training, employment, family planning, health related services, home help, homemaking, housing information and referral, money management and physical disabilities services.

**ELIGIBILITY:**
SSI and Medicaid recipients who need services are eligible for ILS.

**EXTENT OF SERVICES:**The program serves a monthly average of 4,645 people with developmental disabilities. FY 1992 expenditures were $91.4 million for home help and $899,172 for physical disabilities services.

**EFFECTIVENESS:**
Thee home help program, which allows people with disabilities to select their own provider for non-specialized services, is an extremely valuable service for people who want to stay in their own homes. By providing funds directly to the consumer, the program also fosters self-determination and choice. Physical disabilities services are important because they allow for acquisition of home modifications and assistive devices that cannot be purchased through other funding sources. As more and more people with disabilities attempt to live as independently as possible, adequate funding of this program becomes a major concern.

***MEDICAID***
**PROGRAM/SCOPE:**
Medicaid, Title XIX of the Social Security Act, is a state and federally funded program which makes health care available to Michigan residents who would otherwise have to live with inadequate medical care. The Michigan Department of Social Services has been designated by the state legislature as the single state agency responsible for administering this program. Medicaid will pay for most medical expenses, including a wide array of treatment and diagnostic services, i.e., physician, hospital and nursing care services; lab tests; x-rays; vision and hearing services; physical therapy; and most prescription drugs. Michigan also funds a wide array of optional services including physical and occupational therapy, speech therapy, durable medical equipment and oxygen, orthosis, protheses and others.

**ELIGIBILITY:**
Individuals and families may be eligible for Medicaid if:
1. They are under age 21, blind, over 65, or have a disability.
2. They are a parent or close relative living with a child; they are a woman who is pregnant.
4. They receive SSI.
5. They receive AFDC or have an income at or below AFDC levels.
6. They have, at the time of eligibility review, property and assets of not more than $2,000 for one person and $3,000 for two people for most programs.

**EXTENT OF SERVICES:**
Of 1,129,023 Medicaid recipients in Michigan during FY 1992, an estimated 167,300, or 14.8 percent, had disabilities. Total Medicaid expenditures for Michigan for FY 1992 were $3.29 billion.

**EFFECTIVENESS:**
Medicaid has been a critical support for people with disabilities and their families in Michigan. Optional services have been particularly important since 81 percent of Medicaid recipients with disabilities use one or more of these services which include many of the supports needed to live independent, productive lives in their communities. It will be critical to participate in the current health care debate to help assure that policy makers understand the importance of including these supports in all the various legislative proposals.

***MEDICAID MODEL OPTIONAL MEDICAL ASSISTANCE WAIVER***

**PROGRAM/SCOPE:**
The model waiver provides state and federal funding for home and community-based services for people who, without such services would require Medicaid-funded institutional services, e.g. in an ICF/MR. Model waivers, including state options regarding services covered and target populations, are the same as home and community-based services with the following exceptions: 1) it is restricted to 200 participants per year; 2) people must meet Social Security Disability criteria; and 3) the state must waive the deeming of parental income rule. That is, parents' income must be considered unavailable to children with disabilities who would be eligible for Medicaid if they were in an out-of-home placement.

**ELIGIBILITY:**
Recipients must be designated as disabled under Social Security disability criteria.

**EXTENT OF SERVICES:**
Michigan's model waiver is now funded for 200 participants. In FY 1993, 200 children were covered under this waiver at a cost of $5.1 million. These services are offered state-wide in Michigan.

**EFFECTIVENESS:**
The waiver program has been an important source of funding in Michigan for families who wish to provide a community-based, family-centered life for their child with disabilities. The program's major concerns include the limited number of slots available, extensive and time consuming application requirements for both families and staff and the requirement that the absence of such services would require Medicaid-funded institutional services. This last issue is a particular problem in Michigan where children with developmental disabilities are not admitted to state institutions and nursing homes because of a strong commitment to community-based services.

## *STATE DISABILITY ASSISTANCE*

**PROGRAM/SCOPE:**

Administered by the Michigan Department of Social Services, SDA provides subsistence level assistance to people who are unable to work and do not qualify for federally financed assistance or require additional assistance. Assistance is in the form of direct cash grants to people or to vendors. SDA is available to those whose illness is not long enough in duration to qualify them for SSI. Recipients are also eligible for the state medical program which covers visits to a physician and prescribed medications.

**ELIGIBILITY:**

To be eligible for SDA an individual must have less than $50 in cash, savings or checking; have only one automobile worth less than $1,500 in equity value; be willing to apply for money for other sources such as SSI, insurance, family or relatives responsible for care, etc; meet the state disability definition; and report the income and assets of any person with whom they are living.

**EXTENT OF SERVICES:**

For FY 1992, average SDA caseload was 8,196 per month, the average state-wide payment was $1.98 million per month, and the average payment per recipient was $241 per month.

**EFFECTIVENESS:**

SDA can be an important source of income for people with disabilities. It is used primarily during the SSI/SSDI application and appeals process, which can continue for extended periods. While on SDA, people are not permitted to work. This is an apparent disincentive for people with disabilities who would like to work, but will not for fear of losing much needed benefits.

# DEPARTMENT OF TRANSPORTATION

## *FEDERAL TRANSIT ACT, AS AMENDED SECTION 16(b)(2): CAPITAL ASSISTANCE PROGRAM*

**PROGRAM/SCOPE:**

The capital assistance program for elderly and handicapped persons meets the needs of seniors and people with disabilities where public transportation services are unavailable, insufficient or inappropriate. The program purchases conventional and paratransit vehicles and other equipment to provide local and regional (not intercity) transportation services. This enables greater independence for people with disabilities in many life areas, including access to a broader choice of housing, employment, educational and recreational options.

**ELIGIBILITY:**

This program, whose responsible agencies include the U.S. Department of Transportation and the Michigan Department of Transportation, is available to private non-profit organizations that provide transportation services to seniors and people with disabilities.

**EXTENT OF SERVICES:**

Michigan now has 50 non-profit small bus programs participating in the program. Ridership for 1992 was 1,456,900 passengers, with seniors and people with disabilities comprising 88 percent of total ridership. In 1992, federal expenditures for the Michigan program totaled $1.8 million. This is 80 percent of total program funds, with Michigan providing 20 percent match.

**EFFECTIVENESS:**

This program enables many people with disabilities to get to places where they otherwise could not go. It is clearly an important resource. Care must be taken to assure that these programs are not seen as a replacement for, or used to the exclusion of, other more conventional public systems. Whenever possible, these programs should be used as part of an overall transportation system designed to meet the needs of a general ridership.

## *PUBLIC TRANSPORTATION SYSTEMS*

**PROGRAM/SCOPE:**

Two forms of public transportation are available to people with disabilities to get to work, for errands or for leisure activities. They include line-haul, regular public bus service that may be available to the degree that days and hours of operation and accessibility to people with disabilities make it available; and demand-Response, commonly known as Dial-A-Ride. In Michigan, 16 systems are classified as urban, while 56 systems are classified as non-urban (under 50,000 population). Both urban and non-urban systems operate under Local Transportation Authorities (LTAs). Both systems meet the needs of people with disabilities to the degree to which they are accessible.

**ELIGIBILITY:**

While the target group for public transportation services is the general population, the Americans with Disabilities Act has strengthened access rights for people with disabilities.

**EXTENT OF SERVICES:**

Urban systems provided more than 90.1 million rides in 1992, including 11.7 million (13 percent) for seniors and people with disabilities. Non-urban ridership was 6.4 million including 2,795,200 (44 percent) for seniors and people with disabilities. Total 1992 federal, state and local funding for operating and capital was $268 million (urban) and $31.5 million (non-urban).

**EFFECTIVENESS:**

The public transportation system can be a powerful resource for increased independence, inclusion and productivity for people with disabilities. With appropriate implementation, the federal Transit Act and the ADA can help assure the rights of people with disabilities to access these systems. In Michigan, these rights were also strengthened by the 1978 amendment to Act 51 which requires that all buses for fixed-route services purchased with state support be lift-equipped. Major concerns remain, however, including cost, availability and accessibility. While much of the general population may be only inconvenienced by the lack of accessible, affordable transportation, many people with disabilities find these barriers to be a serious impediment to their mobility and may result in their inability to travel altogether. Meeting the needs of all those who need transportation will continue to be a major challenge for the 1990s.

## *SPECIALIZED SERVICES PROGRAM*

**PROGRAM/SCOPE:**

Michigan's specialized services program, administered through the Michigan Department of Transportation, provides operating funds for human services agencies and others to provide transportation services to seniors and people with disabilities. Vans or small buses are often used for transport to work. Reimbursement to volunteer drivers for out-of-service area, non-emergency medical trips is also a covered expense under this program.

**ELIGIBILITY:**

The program is available to private non-profit organizations who provide transportation to seniors and to people with disabilities. The local public transit authority or governmental agency submits an annual application to the Department of Transportation on behalf of the agencies requesting funding. Agencies must coordinate services with each other as well as the public transit agency in order to be eligible for this program.

**EXTENT OF SERVICES:**

Michigan has 121 agencies participating in its specialized services program, 49 of which are also Section 16(b)(2) agencies. Ridership for 1992 was 1,456,900 passengers, with seniors and people with disabilities comprising 1,284,100 (88 percent) of the total. Total 1992 funding for this 100, percent state-funded program was more than $2.6 million.

**EFFECTIVENESS:**

Though a relatively small program, the specialized services program is a major force for transportation coordination in the state. Similar to 16(b)(2), the program provides transportation to people with disabilities that otherwise may not have been available. Care must be taken to assure that these programs are not seen as a replacement for, or used to the exclusion of, other more conventional public systems. Whenever possible, these programs should be used as part of an overall transportation system designed to meet the needs of a general ridership.

# FEDERAL PROGRAMS

## *EMPLOYMENT OPPORTUNITIES FOR DISABLED AMERICANS ACT OF 1986*

**PROGRAM/SCOPE:**

Section 1619 of the Employment Opportunities for Disabled Americans Act creates a Social Security program to meet the special needs of people with disabilities who are working and whose income exceeds substantial gainful activity levels but are not yet completely self-supporting. As an incentive to people with disabilities who are trying to work, Section 1619a provides special cash benefits to those whose income has exceeded SGA levels. The 1619b provides special SSI recipient status for Medicaid eligibility purposes to those workers with disabilities.

**ELIGIBILITY:**

To qualify for 1619a and b work incentives, an SSI beneficiary must: 1) Show continued eligibility for the SSI program based on disabilities, i.e. he or she may not have medically improved to the point that Social Security disability criteria are no longer met; 2) For the 1619a program, gross earnings must minimally be at the SGA level; 3) For the 1619b program, continuing eligibility for Medicaid purposes must be shown until earnings reach a substantially higher plateau that takes into account the person's ability to afford medical care and his or her normal living expenses.

**EXTENT OF SERVICES:**

In December 1992, 687 people (1.8 percent of all SSI recipients with disabilities age 18-64) were in the 1619a program and 1,391 were in the 1619b program. Average monthly earnings of 1619a participants in Michigan was $706.

**EFFECTIVENESS:**

Because of efforts to promote independence and productivity, 1619 is an exemplary Social Security program. To be truly responsive to the needs of people with disabilities, it must be extended to recipients of SSDI, fully recognize the specific needs of people with disabilities (greater living expenses, medical expenses, e.g.,) and increase outreach efforts to assure that all potential beneficiaries are aware of and understand their rights under Section 1619a and b.

## *MEDICARE*

**PROGRAM/SCOPE:**

Medicare is a federal health insurance program administered through the Health Care Financing Administration, a unit within U.S. Department of Health and Human Resources. It provides medical insurance protection to people who are over 65, have been receiving SSDI for 24 months, or have end stage renal disease. People are enrolled in the program through the Social Security Administration. Medicare consists of Part A, which includes hospitalization, skilled nursing facilities, home health care and hospices; and Part B, which includes physician care, outpatient hospital service, diagnostic tests, ambulance service, other medical services and durable medical equipment.

**ELIGIBILITY:**

Medicare coverage is available to people age 65 and older, people with permanent kidney failure, and people receiving SSDI including disabled adult children or workers receiving a Social Security benefit. Medicare begins after receiving SSDI for 24 months. People over 65 who are at or near the poverty level

(income up to $581 per month) may be eligible for qualified Medicare beneficiary (QMB) status with premiums, co-pays and deductibles being paid by the state through Medicare. Those with slightly higher incomes may qualify for limited coverage QMB. The QMB is also known as the Medicare buy-in program.

**EXTENT OF SERVICES:**

Most people receive Part A premium-free as a Social Security benefit. Most people pay a premium for Part B, which in 1993 is $36.60 monthly. When hospitalized, the Medicare beneficiary must pay the first $628, then all covered services are paid for the first 60 days. Part B has an annual deductible of $100. Once this deductible is met, Medicare generally pays 80 percent of approved charges for physician and other medical services.

**EFFECTIVENESS:**

Although Medicare is an important source for providing health care coverage for people with disabilities, it cannot be considered comprehensive. Its deductibles, limited coverage (lack of coverage for prescription drugs, e.g.) and the two-year waiting period make it an important but limited resource.

***SOCIAL SECURITY DISABILITY INSURANCE BENEFITS***

**PROGRAM/SCOPE:**

Disability insurance benefits, administered by the Social Security Administration, are a provision of the Social Security Act. The program is funded through the Social Security Trust Fund by FICA taxes from wage earners who are covered by the program. SSDI provides monthly disability insurance benefits to workers with disabilities and their eligible dependents. It also provides health care coverage under Medicare medical insurance. The amount of an individual's monthly benefits depends on the amount of wages earned by the person while working.

**ELIGIBILITY:**

SSDI targets people with physical and mental disabilities who are connected to the work force. Their disability must prevent them from doing their usual work and any other work they might reasonably perform considering their age, education, past work experience and functional limitations. They must not be doing substantial gainful activity of more than $500 per month. The disability must be expected to last for a period of 12 months or to end in death. There is a 5 month waiting period before benefits can begin. Children must become disabled before age 22 to qualify for benefits under the category of childhood disability benefits, which are payable to disabled adult children having disabilities of Social Security beneficiaries.

**EXTENT OF SERVICES:**

Through 1992, 131,000 people with disabilities in Michigan received SSDI benefits. Nationally, the number of new approved claims was 684,000, with 637,000 for workers with disabilities and 47,000 for adult children with disabilities. The national average benefit for workers is over $7,510 per year. The average benefit for disabled adult children is $5,265.

**EFFECTIVENESS:**

Though limited and sometimes considerably less than the poverty level, SSDI remains an important resource for people with disabilities because it promotes independence for beneficiaries. It allows people to make choices about where and with whom they live, and provides for limited supports needed to live independently in the community.

## *SUPPLEMENTAL SECURITY INCOME*

**PROGRAM/SCOPE:**

SSI is a federally-funded program administered by the Social Security Administration under Title XVI of the Social Security Act. It provides direct cash payments to people who are 65 or older, blind or disabled. The program is needs based with specific income and resource limits. It is an income maintenance program to help recipients meet basic needs. In addition to a monthly check, recipients also receive automatic Medicaid eligibility through the Michigan Department of Social Services. There are also special work incentives to encourage people with disabilities to attempt work without jeopardizing needed SSI benefits.

**ELIGIBILITY:**

To be eligible, an individual living independently must have a countable income of less than $448 a month; a couple less than $673. Some income is excluded and does not count against the payment. Countable resources must not exceed $2,000 for an individual and $3,000 for a couple. Excluded resources may include a home, household goods, a car and certain prepaid funeral expenses. Children under 18 are also eligible. Some income and resources of parents are considered in determining the child's eligibility for SSI.

**EXTENT OF SERVICES:**

In July 1993, 158,600 people who are blind or disabled in Michigan received SSI payments. The state of Michigan supplements monthly SSI payments by $7 to 179.30, depending on the recipient's living arrangements and circumstances.

**EFFECTIVENESS:**

SSI is a critical resource for people with disabilities in Michigan. It has significant advantages over state financial assistance programs: SSI is less subject to political pressures, receives regular increases and includes automatic Medicaid eligibility. The recent emphasis on children's eligibility subsequent to the Zebley decision opened a valuable source of funding for families caring for children with disabilities to obtain needed supports for their children.

# PUBLIC ENTITIES

## *CENTERS FOR INDEPENDENT LIVING (CILs)*

**PROGRAM/SCOPE:**CILs are non-profit service entities for the provision of services that allow people with disabilities to function as independently as possible in family and community settings, and to secure and maintain appropriate employment. They provide essential supports with a strong emphasis on increasing understanding by people with disabilities of their own needs as well as knowledge of the service system to meet those needs. The goal is to enable people with disabilities to advocate for themselves and obtain services that will increase their independence. Centers receive funds from a variety of local, state and federal sources. They must have consumer-controlled policy direction and management and consumer control of Independent Living objectives and services. Community development services provided by CILs to other organizations and to the community at large may include public information and education, community advocacy, technical assistance, outreach, needs assessment, home modification assessment and recommendations and recreational activities. Core services provided directly to people with disabilities by CILs include dissemination of information, appropriate referrals, independent skills training, peer and family counseling and individual and systems advocacy.

**ELIGIBILITY:**
People with disabilities of all ages and characteristics are eligible.

**EXTENT OF SERVICES:**
The 10 community-based CILs in Michigan serve the areas of Lansing, Grand Rapids, Detroit, Ann Arbor, Kalamazoo, Midland, Oakland-Macomb, Holland, Port Huron and Flint.

**EFFECTIVENESS:**
Hundreds of people with disabilities are able to function as more independent members of their families and their communities due to the efforts of local CILs. Increasing sensitivity to abilities, needs and human dignity of people with disabilities testifies to the success of CIL advocacy efforts. There continues to be a critical need to expand funding for CILs in many more Michigan communities.

## *MICHIGAN PROTECTION AND ADVOCACY SERVICE*

**PROGRAM/SCOPE:**

The protection and advocacy program for people with developmental disabilities, administered by Michigan Protection and Advocacy Service, protects and advocates for civil and legal rights. Its charge is to support the dignity inherent in all people and assure access to appropriate programs, benefits and services. Program services include education and training in advocacy, self-advocacy, rights and services; technical assistance; advice and support for people who plan to advocate for themselves; information and referral; and direct advocacy and legal assistance. Major priority areas include institutional rights and quality of care, and community rights and services. In addition, there is emphasis on educational advocacy through the development of community-based advocacy projects. Advocates provide self-advocacy instruction in areas that fall outside the agency's priority areas. Technical assistance is also available to local advocacy organizations.

**ELIGIBILITY:**

The target population is all citizens with developmental disabilities, in particular those who are receiving treatment, services, or habilitation within the state. Although all people with developmental disabilities are eligible, the resources are insufficient to meet the growing demand for advocacy services from consumers and their families.

**EXTENT OF SERVICES:**

The program served over 11,000 people in 1993.

**EFFECTIVENESS:**

The most recent client satisfaction survey indicates 90 percent of respondents expressed satisfaction with services delivered in priority area cases. Issues related to institutions, abuse and neglect, education and community supports comprised the bulk of these concerns.

# SECTION III. STATE PLAN REVIEW PROCESS

## *Review of Existing State Plan, 1990 Report Update and Public Input Process*

The Michigan Developmental Disabilities Council reviews implementation of its state plan on an ongoing basis. This is accomplished, in part, by external evaluation of Council projects which are conducted throughout the period of the state plan.

In autumn 1993, the Michigan Developmental Disabilities Council conducted a series of public meetings around the state to receive public input on issues of concern to persons with developmental disabilities and their families. Public meetings were held in Baraga, Scottville, Jackson, Sterling Heights, and Detroit. Material distributed prior to and at each public meeting included:

- The mission and functions of Michigan Developmental Disabilities Council.
- Information from the 1990 Report, *A Chance to Choose*.
- The 1992-94 Michigan Developmental Disabilities State Plan.
- Proposed priority areas for 1995-97.

Information was available in English, Spanish, Arabic, and Braille. Public comments were transcribed and analyzed together with written comments. One community conducted a videotaped public meeting which was submitted and incorporated among public comments. Analysis of public input helped identify priorities and goals selected for incorporation in the 1995-97 *Michigan State Plan for Developmental Disabilities.*

In public meetings, the most frequently-identified needs of persons with disabilities and their families were housing, jobs, transporatation, education, respite care and life planning. Members of the public, including persons with developmental disaiblities, offered detailed testimony about their needs in these areas, which are outlined and supplemented by selections from testimony.

### HOUSING

*Need for appropriate, affordable, accessible housing with the provision of appropriate supports housing and living arrangements that are chosen by the consumer.* Testimony included:

"See, I want my own yard and my home and everything."

"We're very close to where we're going to have a significant homeless population of persons with developmental disabilities. They've lived at home and mom and dad have died and nobody's taking care of them."

### JOBS

*Need for adequate paying jobs with supports, as needed - jobs that are integrated into community life and are suited to the likes and abilities of the person with a disability.* Testimony included:

"Here I am, 50 years old, can't read and write. Who the heck is going to hire me.....? I want to go out there and get a job. I don't want no kiddy stuff. I want to get out there and get on my own some day so I will be free.....do my own cooking, do my own cleaning, maybe drive a car."

"In this past year I've had maybe 20 job interviews; maybe 50-100 in my lifetime. No jobs."

"It's classic - if somebody doesn't shop at your store as a customer, how could you imagine them working there?"

"Every time we successfully put a person in a job or a person finds and maintains a job, we lose money. Then we cannot keep up the facilities that we have and the staffing ratios that we have. So every time we're being successful with this, we're shooting ourselves in the foot." (Need for Medicaid Reform)

## TRANSPORTATION

*Need for comprehensive transportation services that are affordable, accessible and available making full community inclusion possible.* Testimony included:

"We discussed needs which are important and ranked them as far as prevention, awareness, advocacy, recreation, leisure activities, etc. But we agreed that before any of this can come about, transportation must be available. This is by far the most important need."

"If I knew I had a ride, I could think of a lot of places I would like to go...but I don't even think about it..."

## EDUCATION

*Need for education provided in regular education classrooms with needed supports and well-trained teachers - education that prepares for jobs in the community.* Testimony included:

"I mean, kids weren't born to be segregated. They're supposed to be included in everything."

"It's like having a big wooden fence so your child can't see out (intermediate school districts) and then moving them to another school and putting a chain-link fence so they can see through, but they still can't get over it...." (Regular education school with segregated classrooms and activities)

"I'm really for inclusion. Don't let them take it away. Fight!"

"We've got teachers who have been out there for a long time, and they're not interested in taking on this new idea of inclusion. I think that we better do something now about the new teachers coming up or it's never going to happen. They're going to have the bad attitudes forever."

"I think any school should be preparing you to live on your own."

"People with disabilities should go to a regular school and there shouldn't be places like ISDs because all they do at the ISD is play games and stuff. I don't think games are really teaching anybody anything."

"Please make these children who have handicaps understand that they have to have a skill. I feel bad that I did not realize that I was supposed to be learning a skill." Emphasis on vocational skills has got to start a lot earlier than it does."

## RESPITE CARE

*Need for regular, ongoing respite for care givers of children with disabilities - respite that is both affordable and available.* Testimony inlcuded:

"We need respite care. We need it now. We don't need it next year."

"The truth is families are falling apart because they don't get a break from the tremendous needs of these children. And the reason they're not using respite is because there are not enough providers."

"I come here angry today, I come here overwhelmed today, and I come here very, very tired today. I have an 8-year-old son who is severely mentally impaired. He requires constant care. I am very lucky that he doesn't have a lot of medical needs, but he is very dependent on me for all his needs, and that's very tiring. I am also tired because my family does not receive the supports that it needs to be an effective and wholesome family unit."

"But after you're paying for all the other things that you need for these children, the last thing you can do is be frivolous and hire a nurse so that you can go out to a movie."

"We need respite services closer to home so that the person with a disability is not disrupted or displaced."

## LIFE PLANNING

*Need of older parents for assistance in planning for the care of their adult children so that supports are well established before death of the parents.* Testimony included:

"But my big concern, like any other parent, is what's going to happen to my daughter when I can't take care of her? We're getting old and tired, you know? We need some help."

"We have kept them at home all of these years and saved the State a great deal of money. Now we're very old and cannot take care of our children anymore. We need somebody else to give us support. What we're being told is, 'Well, most of the funding has to go to help the people in institutions so they can move back into the community. Your child is already in the community. There really aren't funds to provide those supports for them.' We're saying, 'This ain't fair.'"

"It's because one in eight residents in Macomb County is age 63 and over that the DD community is in a state of potential crisis...Their sons and daughters are in their 30's and 40's. They're going to start coming out of the woodwork when mom and dad are not there. These parents have traditionally said, 'We will take care of our own.' And that's fine up until the time when they can't take care of their own."

Following the selection of the priorities and goals, the Council again offered public involvement in the plan development process. Focus groups - composed of Council members, family members, people with disabilities and content experts - were conducted in each goal area. Each focus group was to propose and develop creative projects and strategies to address concerns raised by people with developmental disabilities and their family members during Council-sponsored public meetings.

Projects and strategies identified in focus groups were presented to Michigan Developmental Disabilities Council at its planning retreat May 4-5, 1994. At that time, Council members reviewed and prioritized proposed projects and strategies. Council members also reviewed objectives and projects

from 1992-94 in order to determine progress and appropriate carry-over into the 1995-97 state plan.

Those projects determined to be of highest priority were again reviewed at the Michigan Developmental Disabilities Council meeting in June 1994. Additional input was incorporated and the 1995-97 state plan was finalized and approved by the Council on August 10, 1994. As required by the *DD Act*, the plan was submitted to the federal Administration on Developmental Disabilities, the agency which authorizes Council funding, on August 15, 1994.

## *Review of Other State Plans*

Michigan Developmental Disabilities Council annually reviews budget-policy submissions of principal state government agencies. For state plan purposes, the Council updates a review of programmatic elements of principal state agencies. Those reviews are included on pages 14-44.

# SECTION IV. STATE PLAN

## *State Plan Priority Areas*

For this Plan, the Council has adopted the following federal priority areas:

- *Community living activities*: such priority area activities as will assist persons with developmental disabilities in developing or maintaining suitable residential arrangements and supports in the community (including non-financial supports, individual, family and community supports).

- *Employment activities*: such priority area activities as will increase the independence, productivity, or integration of a person with developmental disabilities in work settings.

- *System coordination and community education* activities that:
  - Eliminate barriers to access and eligibility for services, supports, and other assistance,
  - Enhance systems design and integration including the encouragement of the creation of local case management and information and referral statewide systems, and
  - Enhance individual, family and citizen participation and involvement.

## *Goals*

**Recognize and support the special needs of minorities and culturally diverse populations in all goal activities.**

### I. Community Living

Expand opportunities for people with developmental disabilities to exercise choice, to control their own lives, and to achieve independence, integration and productivity in the community, by improving the availability, quality and range of community-based supports for individuals and families. This includes services and supports related to:

*Housing*: Support and advocate increased availability of affordable, accessible, adaptable housing, and the flexible supports and opportunities for personal choice that enable people with developmental disabilities to live, work, and participate productively in inclusive communities.

*Transportation*: Support and advocate increased availability of comprehensive transportation services that are affordable accessible and available for people with disabilities.

*Family Support*: Support and advocate increased quality, availability and range of family support services statewide. Expand awareness of the need and benefits of these services as a necessary part of comprehensive, community-based services and supports.

{Federal Priority: **Community living activities.**}

### II. Education

Increase the availability of inclusive education for students with disabilities, including the supports they need to improve outcomes as they move from school to adult life.

{Federal Priorities: **Community living activities, Employment activities and System coordination and community education activities**}

### III. Employment

Increase the availability of employment in the community for people with developmental disabilities, with the supports and adaptations they need, real wages, and opportunities for vocational choice and lifelong career development.

{Federal Priority: **Employment activities.**}

### IV. Leadership Development and Civil Rights

Support people with developmental disabilities and their families to increased participation in design and control of the services and supports they use, gaining knowledge and skills to advocate for themselves and others, and influencing government as citizens in the political process.

{Federal Priority: **System coordination and community education.**}

### V. Regional Interagency Coordinating Committees

Develop and support a network of Regional Interagency Coordinating Committees (RICCs), to enhance the Developmental Disabilities Council's efforts to increases supports and services for people with development disabilities and their families.

{Federal Priorities: **Community living activities, Employment activities and System coordination and community education activities**}

## *Goals and Objectives, Projects and Programs*

Goals and objectives, projects and programs to be pursued during the 1995-97state plan period follow beginning on page 51, and are separated by state goal area.

## GOAL I. Community Living

*Expand opportunities for people with developmental disabilities to exercise choice, to control their own lives, and to achieve independence, integration and productivity in the community, by improving the availability, quality and range of community-based supports for individuals and families. This includes services and supports related to:*

*Housing: Support and advocate increased availability of affordable, accessible, adaptable housing, and the flexible supports and opportunities for personal choice that enable people with developmental disabilities to live, work, and participate productively in inclusive communities.*

*Transportation: Support and advocate increased availability of comprehensive transportation services that are affordable accessible and available for people with disabilities.*

*Family Support: Support and advocate increased quality, availability and range of family support services statewide. Expand awareness of the need and benefits of these services as a necessary part of comprehensive, community-based services and supports.*

**OBJECTIVE:** FAMILY SUPPORT WORK GROUP. Maintain the family support work group to: Monitor implementation of the *Family Support Action Plan* and the Council's family support demonstration projects; provide a state-wide forum for exchange of information among state agencies, advocacy groups and parents on family support issues; explore opportunities to expand awareness of family support services; and provide ongoing advice to the Council for advising the governor on family support issues. Increase representation of minorities and of people with various disabilities and their families, to increase work group diversity. Enable increased participation in policy development and the work of the Council by supplying sign language interpreters as needed and by reimbursing costs related to participation.

**Target Population:** Governor, legislature, service providers, Council, advocacy groups and families.
**Time:** FY 1995 through 1997.
**Resources: Federal:** $1,500 annually.
**Outcome Indicators**: Capacity building. Increased implementation of Family Support Action Plan recommendations. Services coordination.
**Implementing Group**: Staff and family support work group.

**OBJECTIVE:** FAMILY SUPPORT SUBSIDY EXPANSION. Support and advocate continuation and expansion of Michigan's family support subsidy. Continue to strengthen understanding among decision makers and the general public of both the financial importance and the symbolic value of the Family Support Subsidy to families who are working to provide a family centered life for their children with disabilities. Advocate for expanding eligibility to families of children with other disabilities. Base advocacy efforts on data and information from the Developmental Disabilities Institute study to validate proposed definitions of severity of POHI and EI, and estimate numbers of families affected. Determine the most appropriate and effective strategies to disseminate the information in a way that will bring about policy change.

**Target Population:** State policy makers and the general public.
**Time:** Continuing.
**Resources:** Staff, family support work group, and Council.
**Outcome Indicators:** Advocacy plan. More families eligible for the subsidy.
**Implementing Group:** Council, family support work group, staff and RICCs.

**OBJECTIVE:** SIBLING SUPPORT CONFERENCE. Fund a sibling support conference and workshop activities for family members of people with developmental disabilities.
**Target Population:** Siblings of people with developmental disabilities.

**Time:** 1995 and 1997
**Resources: Federal:** FY 1995, $5,000. FY 1997, $5,000. **Local:** FY 1995, $1,333. FY 1997, $1,333.
**Outcome Indicators:** Availability of peer support groups statewide.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** COMMUNITY FAMILY SUPPORT MODELS. Offer limited funding, on an open competitive basis, to community consortia for pilots to restructure existing service systems. These systems should provide real choices and real control over an expanded array of family support resources, consistent with a Family Choice Model, and develop implementation models that other communities can replicate. Proposals must be based on each consortium's assessment of its community's current array of family support services.
**Target Population:** Local groups providing family support services.
**Time:** FY 1995-96.
**Resources: Federal:** FY 1995, $160,000. FY 1996, $35,000. **Local:** FY 1995, $53,333. FY 1996, $11,667.
**Outcome Indicators:** Restructured family support delivery systems for family support services. Increased family support resources from a variety of sources to support these services on a continuing basis.
**Implementing Group:** Current grantees or others to be selected.

**OBJECTIVE:** CROSS-PROJECT EVALUATION to assess whether the Community Consortia projects have restructured service systems to provide real choices and real control over an expanded array of family support resources, consistent with a Family Choice Model, and developed implementation models that other communities can replicate. Improved and expanded the family support services available in those communities.
**Target Population:** Community Family Support Service Models
**Time:** FY 1995-96.
**Resources: Federal:** FY 1995, $35,000. FY 1996, $35,000. **Local:** FY 1995, $10,000. FY 1996, $10,000.
**Outcome Indicators:** Demonstrated Models, Comparative Report across projects.
**Implementing Group:** Current grantee.

**OBJECTIVE:** AGING FAMILIES MODELS. Develop models for identification, outreach and services for aging families caring for older family members with developmental disabilities. Fund projects to: identify and carry out methods of outreach to aging families caring for older family members with developmental disabilities; and develop and implement models for providing support to these families that addresses their unique needs. Increase the self-sufficiency of family members with disabilities.
**Target Population:** Aging families caring for an older family member with developmental disabilities, service providers, and advocates.
**Time:** FY 1995 to FY 1996.
**Resources: Federal:** FY 1995, $165,000. FY 1996, $165,000. **Local:** FY 1995, $55,000. FY 1996, $55,000.
**Outcome Indicators:** Project models and outreach methods
**Implementing Group:** Grantees to be selected.

**OBJECTIVE:** BEHAVIOR MANAGEMENT CONFERENCE. Co-sponsor, along with other agencies, a conference on the in-home management of family members with severe behavioral disorders. The conference will focus on practical day to day approaches to dealing with behaviors which can be highly

disruptive to family life. Information will focus on reports from families who have discovered and attempted promising techniques to deal with severe behavior disorders in the home.
**Target Population:** Families with children with developmental disabilities related to severe behavioral disorders, and providers and client service managers working with these families.
**Time:** FY 1996.
**Resources: Federal:** FY 1996, $10,000.
**Outcome Indicators:** Families of children with severe behavioral disorders will have enhanced ability to work with their children with severe behavioral problems. This will lead to increased stability in these families, lessening the potential need for out of home placements. Providers will have increased skills to work with and be supportive of families
**Implementing Group:** Grantee to be selected or agency planning the conference.

**OBJECTIVE:** FATHER PARTICIPATION. Promote the increased involvement of fathers with children with disabilities in the lives of their children. These two year projects will focus on identifying the current level of participation, determining barriers to participation, and developing and implementing these recommendations with fathers in project communities. Projects will focus on enhancing and building upon already existing positive relationships between fathers and their family members with disabilities. Projects will use the experience gained from current or previous father's groups as background information for this project with a focus.
**Target Population:** Fathers, grandfathers or brothers having caretaking responsibility for a family member with a developmental disability.
**Time:** 1997.
**Resources: Federal:** FY 1997, $150,000. **Local:** FY 1997, $50,000.
**Outcome Indicators:** Fathers of family members with disabilities will have an increased understanding of the importance of their role in their child's life. They will also have enhanced ability to engage in activity, regardless of the time available, which is conducive to a stronger bond with their family member with a disability. Providers will have an increased understanding of interventions which promote strong relationships between fathers and family members with disabilities.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** MODEL WAIVER II ANALYSIS. Conduct a policy analysis on the children's model II waiver in Michigan. The study will have a two-fold purpose: 1) Determine the impact of the extensive federal and state eligibility requirements on children with severe disabilities and their families, and 2) Increase understanding of the three perspectives involved - the family, the person with a disability, and the state or local agency - and how they interact with one another for this and other policies. Although the waiver was chosen for this study because of its complexity and sometimes seemingly contradictory purposes, it is likely that the approached used in this study would apply to a many different disability policy issues.
**Target Population:** Families, people with developmental disabilities, service delivery agencies and policy makers.
**Time:** 1996.
**Resources: Federal:** FY 1996, $25,000.
**Outcome Indicators:** An understanding of the effect of the complexity of the waiver eligibility determination process on all parties involved and an ability to advocate for changes in the process to better meet the needs of all of these stakeholders. In addition this multi-perspective approach will be applicable to the study of any policy involving these three perspectives.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** SUPPORTING FAMILIES DEMONSTRATION. Demonstrate family-centered approaches to supporting families with members with mental retardation who are young adults age 18-35. Fund local projects to assure that as agencies work with these young adults on issues of independence, choice, risk taking, etc., the role of the family in helping to promote these activities in a positive way will be considered. The projects will work with the person with the disability and his or her family as a family unit and will consider a number of issues including: respect for families and their knowledge about their son or daughter; their fears and concerns about the future; the need for a full and complete understanding of the changes being proposed; the critical role of families in decision-making processes of their sons or daughters.
**Target Population:** Families with members who are young adults with mental retardation and agencies who are working with these families.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1996, $150,000. FY 1997, $150,000. **Local:** FY 1996, $50,000. FY 1997, $50,000.
**Outcome Indicators:** Models for promoting positive approaches and interactions between families and their young adults with mental retardation which result in working as a family unit towards choices, risk-taking and independence. Understanding and appreciation by those working with families of the importance of families and their potential as positive change and growth agents for their sons and daughters.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** TRANSPORTATION CONSUMER TRAINING. Provide consumer education training at several sites throughout the state on *How to be a Wise Consumer of Transportation Services*. The training will deal with a number of transportation related issues including: ADA rights, involvement with and participation on Local Advisory Councils, consumer control of transportation decisions, options both public and private, drivers education for drivers with disabilities, adaptive equipment for cars and vans and assistance with access issues. The project will develop a training model which, in additional to those sites where it is delivered, can be used at other sites throughout the state.
**Target Population:** People with disabilities who are involved with or who want to be involved with and have increased control over a variety transportation options throughout Michigan.
**Time:** 1995 through 1996.
**Resources: Federal:** FY 1995, $50,000. FY 1996, $50,000. **Local:** FY 1995, $16,666. FY 1996, $16,666.
**Outcome Indicators:** Increased knowledge by people with disabilities about their rights and responsibilities concerning a variety of public and private transportation options. Increased control by people with disabilities over these options resulting from increased involvement in transportation policy-making processes.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** INTERCITY TRANSIT STUDY. Identify and analyze the causes for the limited availability of intercity transportation options which currently exist in Michigan. Fund a study to identify barriers and develop recommendations and an action plan for eliminating these barriers, resulting in increased options for intercity travel in the state. The study will involve people with disabilities who are current or potential consumers of intercity service at the development, recommendation and implementation stages of the project.
**Target Population:** People with disabilities who are current or potential consumers of intercity transportation in Michigan, advocacy organizations, transportation related policy makers.
**Time:** 1996 through 1997.
**Resources: Federal:** FY 1996, $75,000. FY 1997, $75,000.**Local:**FY 1996, $25,000. FY 1997, $25,000.

**Outcome Indicators:** People with disabilities, advocates and policy makers will have a better understanding of the barriers to increased availability of intercity transportation and will have enhanced ability to advocate for necessary changes to increase this availability. Implementation of the action plan recommendations will result in increased options for intercity travel for people with disabilities.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** HOUSING ALLIANCE. Increase the availability of affordable, accessible, adaptable housing for people with developmental disabilities by participating in and supporting the Housing Alliance, which is identifying available housing programs, identifying available funding and formulating recommendations to address the fragmentation of information about housing.
A. Provide Council member and staff participation in the Alliance and funding to reimburse costs for people with developmental disabilities and family members to participate in Alliance meetings.
**Target Population:** People with developmental disabilities and their family members who need housing, and those participating in the Housing Alliance.
**Time:** 1995 through 1997
**Resources: Federal:** FY 1995, $20,000. FY 1996, $20,000. FY 1997, $20,000.
**Outcome Indicators:** People with developmental disabilities and their family members who need housing and those participating in the Housing Alliance.
**Implementing Group:** The Housing Alliance, Council

B. Working with the Housing Alliance, fund a project to produce, demonstrate and disseminate a modular information package to promote development of affordable, accessible, adaptable housing. Components will include:
1. Description and demonstration of tax incentives for developers of low cost housing.
2. Information for local builders associations on renovation for accessibility and adaptability.
3. Information for architects and their professional associations about the importance and advantages of accessible, adaptable construction.
4. Information for local planning and zoning boards, and other relevant groups, about the importance and advantages of accessible, adaptable construction.
5. Targeted modules for others who influence construction and renovation, as targets are identified.
**Target Population:** People who influence construction and renovation.
**Time:** FY 1996 through FY 1997
**Resources: Federal:** FY 1996, $25,000. FY 1997, $25,000. **Other:** The Housing Alliance as advisory body.
**Outcome Indicators:** Modular information package produced and disseminated. Response from developers, builders, architects and others who influence construction and renovation.
**Implementing Group:** The Housing Alliance with grantee(s) to be selected.

**OBJECTIVE:** PERSONAL ASSISTANCE SERVICES. Support development of a broad spectrum advocacy strategy to secure personal assistance services (PAS) for all who need them, regardless of age or type of disability. Advocate for adequate funding of PAS, including adequate wages for personal assistants, and address civil rights issues where eligibility for PAS is denied for some disabilities. Grantee will:
A. Form coalition among disability groups, senior organizations and advocates, and the aging network.
B. Promote both state level and grass roots advocacy for PAS.
C. Develop strategies, materials, and activities to educate and advocate for PAS with the governor, the Legislature, local and state department heads and other policy makers, and with the general public.
D. Train and support a person with a disability to act as liaison with human service department directors, meet with them during their regularly scheduled meetings, and educate and advocate for PAS.
**Target Population:** People with disabilities who need PAS, the governor, the Legislature, state department directors, local service providers, and the public.

**Time:** 1995 through 1997
**Resources: Federal:** FY 1995, $75,000. FY 1996, $75,000. FY 1997, $75,000. Other: Participation by people with disabilities, their family members and advocates, advocates for senior citizens, service providers and others in the coalition.
**Outcome Indicators:** Coalition broadly representative of groups interested in PAS. Active advocacy occurring on both state and local levels. Advocacy materials (brochures, papers, videos, articles in periodicals) produced and in broad circulation.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** CONSUMER CHOICE PILOTS. Develop models and demonstrate providing community-based supports for people with developmental disabilities in ways that enable them to have more control over their own lives, more choice about their programs and supports, and more independence in living, working and participating in their communities. Continue to fund local organizations' projects to develop and demonstrate models to provide people with developmental disabilities with processes for choosing the services they want and the way the services will be provided; and, assure the availability of genuine alternatives, by increasing the supply of options for working and living as independently as possible for people with developmental disabilities.
**Target Population:** People with developmental disabilities who want to live and work independently.
**Time:** FY 1995.
**Resources: Federal:** FY 1995, $127,579. **Local**: FY 1995, $42,506.
**Outcome Indicators:** People with developmental disabilities living more independently in the community.
**Implementing Group**: Detroit-Wayne County CMH, Allegan County CMH.

**OBJECTIVE**: CONSUMER CHOICE CROSS-PROJECT EVALUATION. Fund cross-project evaluation for the Consumer Choice Models, to help the Council with conceptual development and to help the projects to design internal evaluation and work plans, set outcome indicators across projects, provide formative feedback to projects to improve model development and outcomes, and provide comparison of projects in terms of design and impact.
**Target Population:** Policy makers, Council and Consumer Choice grantees.
**Time:** FY 1995.
**Resources: Federal:** FY 1995, $16,667. **Local:** $5,556.
**Outcome Indicators:** People with developmental disabilities living more independently in the community.
**Implementing Group**: Wayne State University.

**OBJECTIVE:** CASE MANAGEMENT TRAINING. Fund statewide training for Community Mental Health case managers to support their emerging roles and to help them gain new skills. Training will incorporate input of persons with disabilities and their family members. Include training in normalization principles, empowerment, methods to support change, and efficient methods for managing paperwork required as documentation for funding sources.
**Target Population:** Case managers, persons with developmental disabilities, family members.
**Time:** FY 1995 through FY 1996.
**Resources: Federal:** FY 1995, $90,000. FY 1996, $90,000.
**Outcome Indicators:** Training provided. Indicators that case managers have changed the way they approach their job responsibilities, especially in regard to their role as facilitator and in empowering people with developmental disabilities.
**Implementing Group:** Developmental Disabilities Institute.

**OBJECTIVE:** EVALUATION. To evaluate the Council's internal and external activities and projects under this goal area.
**Target Population:** Council members, staff and grantees.
**Time:** FY 1995-97.
**Resources: Federal:** FY 1995, $50,000. FY 1996, $75,000. FY 1997, $75,000.
**Outcome Indicators:** Written analysis of Council progress in achievement in goals and objectives in this goal area.
**Implementing Group:** Council members, staff and external evaluator(s) to be selected.

## GOAL II. Education

*Increase the availability of inclusive education for students with disabilities, including the supports they need to improve outcomes as they move from school to adult life.*

**OBJECTIVE:** TRANSITION EVALUATION. Provide funds to evaluate the Michigan Transition Initiative, a federally-funded state-wide systems change project to improve transition from school to adult life for students with disabilities, enable their achieving community employment, support their community participation based on individual choices, and encourage their inclusion in the community as contributing adults.
**Target Population**: Advocates, parents, policy makers.
**Time:** FY 1995 to FY 1997.
**Resources: Federal**: FY 1995, $85,000. FY 1996, $85,000. FY 1997, $85,000.
**Outcome Indicators**: Activities to promote expanded access for Michigan students with developmental disabilities to inclusive education, with necessary supports, in integrated settings where students learn about, value and support diversity and learn the skills they need to become contributing members of society.
**Implementing Group:** Michigan State University.

**OBJECTIVE:** TRANSITION COUNCILS. As part of the Council's commitment to the Michigan Transition Initiative, provide funds to support development of local councils through the Michigan Office of Transition Services.
**Target Population:** Students with developmental disabilities, teachers, school administrators, parents, and advocates.
**Time:** FY 1995 through FY 1997.
**Resources: Federal:** FY 1995, $27,500. FY 1996, $30,000. FY 1997, $35,000.
**Outcome Indicators:** Establishment of local councils throughout Michigan.
**Implementing Group:** Michigan Jobs Commission.

**OBJECTIVE:** GOING HOME. Demonstrate the efficacy of inclusion in moving students with disabilities from segregated to inclusive educational settings by implementing multi-site, multi-year local projects. Project will develop and implement strategies to generate supports for participants in regular education classrooms. Families will be assisted by community-based organizations to adequately meet the needs of students with disabilities in regular classrooms. Projects will work with parents, school districts and significant others to select a control group of children participating in inclusive educational activities, and compare their ongoing performance, results and achievements against a selected group of similar but non-participating children. Projects will be designed and implemented using family members, and will develop replication program manual during final project year.
**Target Population:** Twenty-five students per site, all of whom were formerly served in and by special education units and/or services, and an equal number of families and/or parents for duration of project period. Service priority to families with children not participating in inclusive schools. Participant selection will represent local sexual, multicultural, and urban/rural demographics.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $150,000. FY 1996, $150,000. FY 1997, $150,000. **Local:** FY 1995, $50,000. FY 1996, $50,000. FY 1997, $50,000.
**Outcome Indicators:** Participants receive educational services in regular classrooms, with supports and assistance from parents and community-based organizations. Projects develop training manual to replicate activities and supports learned, developed and implemented.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** URBAN MINORITY PROJECT. Support minority students with disabilities in urban school districts to be included in regular classroom activities. Fund 2-3 projects in urban elementary and/or middle school to successfully merge students with disabilities into regular classes and activities. Build school capacity to enable students with disabilities to be integrated into regular education. Identify and address barriers to successful inclusion for minority students with disabilities. Ensure a collaborative inclusion effort by training families, students, teachers and paraprofessionals.
**Target Population:** 25-30 students with disabilities per year representing minority populations and/or non-English speaking cultures, their parents, teachers and school administrators.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $150,000. FY 1996, $150,000. FY 1997, $150,000. **Local:** FY 1995, $50,000. FY 1996, $50,000. FY 1997, $50,000.
**Outcome Indicators:**Selected participants are included in regular school and school-based programs in their home community. Training on inclusive education is provided to parents, teachers, paraprofessionals and administrators. Barriers to success be identified, assessed and resolved for minority and/or non-English speaking students in urban schools.
**Implementing Group:** Local or intermediate school districts, grantees to be selected.

**OBJECTIVE:** GOOD START. Support development of pre-school and related inclusion models serving children age 2-7. Fund 2-3 local demonstration projects which develop or utilize:
- Pre-school services facilitating inclusion.
- Family-centered planning for participants with input from significant others.
- Day care provider training from Department of Social Services/Michigan 4C Association.
- Development of circle of friends for pre-schoolers.
- Information for participating families on inclusion and early intervention.

**Target Population:** 25-30 pre-school age children with disabilities per year, parents and/or family members.
**Time:** 1997.
**Resources: Federal:** FY 1997, $150,000. **Local:** FY 1997, $50,000.
**Outcome Indicators:** Increased local availability of inclusive services for pre-school age children with disabilities and their families, with replicable local models intact.
**Implementing Group:** Grantees to be selected.

**OBJECTIVE:** EVALUATION. To evaluate the Council's internal and external activities and projects under this goal area.
**Target Population:** Council members, staff and grantees.
**Time:** FY 1995-97.
**Resources: Federal:** FY 1995, $25,000. FY 1996, $25,000. FY 1997, $25,000.
**Outcome Indicators:** Written analysis of Council progress in achievement in goals and objectives in this goal area.
**Implementing Group:** Council members, staff and external evaluator(s) to be selected.

## GOAL III. Employment

*Increase the availability of employment in the community for people with developmental disabilities, with the supports and adaptations they need, real wages, and opportunities for vocational choice and lifelong career development.*

**OBJECTIVE:** FLEXIBLE FUNDING. Break down financing barriers characteristic in school-to-work transition for older students with disabilities in ISDs by defeating impediments created by financial disincentives to community-based programming. Fund a project to identify, assess and address monetary deterrents to transition services provided outside schools, demonstrate how to overcome obstacles through application to students. Project must be joint effort of school and community-based representatives, who must jointly commit to locate and acquire flexible transition funds through efforts with state transition project, special education rules project, and other germane agencies.
**Target Population:** ISDs, community-based organizations, students with disabilities..
**Time:** 1996 through 1997
**Resources: Federal:** FY 1996, $75,000. FY 1997, $60,000. **Local:** FY 1996, $25,000. FY 1997, $20,000.
**Outcome Indicators:** *First year:* Grantee identifies, assesses and successfully overcomes financial restrictions inherent in current school-to-work transition programs. *Second year:* Students with disabilities receiving transition services successfully moved out of school buildings and into community with multiple flexible financial and/or other supports.
**Implementing Group:** ISDs, grantee(s) to be selected.

**OBJECTIVE:** WORKING WITH EMPLOYERS. Continue to support development of jobs and supports for persons with disabilities. Fund a three-year state-wide or regional demonstration project to develop with Michigan Jobs Commission a plan to demonstrate public-private collaboration leading to private sector employment with supports for employees with disabilities. Project will:
- Reach employers through promotional activities with state-wide associations and others groups representing large number of prospective business enterprises.
- Upgrade employer perceptions of workers with disabilities through educational activities about supported employment and business incentives for hiring workers with disabilities.
- Use workers with disabilities to support businesses and organizations to include people with disabilities.
- Perform follow-up to determine outcome of efforts.

**Target Population:** Workers with disabilities, Michigan businesses, state-wide business associations and organizations.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $60,000. FY 1996, $60,000. FY 1997, $60,000.
**Outcome Indicators:** Improved employment in Michigan for workers with developmental disabilities.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** IMPACTING BARRIERS. Support continued development of community-based integrated employment for persons with severe disabilities. Fund a multi-year state-wide or regional project to demonstrate employment can overcome traditional barriers and disincentives to work. Project will demonstrate ways to impact and resolved traditional barriers such as transportation, evaluate and resolve financial disincentives to work including Medicaid. Priority will be given to persons with severe disabilities. Disseminate findings showing success in community integrated employment.
**Target Population:** 25-30 persons with developmental disabilities, community-based organizations, state agencies, employers.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $75,000. FY 1996, $65,000. FY 1997, $60,000.

**Outcome Indicators:** Improved community-based employment via reduction of barriers and work disincentives, and dissemination of project success.
**Implementing Group:** Grantee to be selected.

**OBJECTIVE:** PAS EMPLOYMENT. Support continued development and application of job-related personal assistance services (PAS) for persons with developmental disabilities. Project will:
■Perform a cost-effectiveness study on selected individuals receiving Michigan Rehabilitation Services-provided PAS while participating in community-based work.
■Discover potential demand for PAS at work by persons with disabilities and its prospective cost-benefit ratio.
■Disseminate findings to Michigan legislators, public policy makers, state and community-based advocacy agencies. Also disseminate to appropriate agencies in other states.
**Target Population:** Persons with developmental disabilities, legislators, state agencies, advocates.
**Time:** 1995 through 1995.
**Resources: Federal:** FY 1995, $50,000. **Local:** FY 1995, $16,667. **Other:** Council, Council staff.
**Outcome Indicators:** Advocacy plan. Development of greater job-related PAS for persons with disabilities.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** EVALUATION. To evaluate the Council's internal and external activities and projects under this goal area.
**Target Population:** Council members, staff and grantees.
**Time:** FY 1995-97.
**Resources: Federal:** FY 1995, $25,000. FY 1996, $25,000. FY 1997, $25,000.
**Outcome Indicators:** Written analysis of Council progress in achievement in goals and objectives in this goal area.
**Implementing Group:** Council members, staff and external evaluator(s) to be selected.

## GOAL IV. Leadership Development and Civil Rights

*Support people with developmental disabilities and their families to increased participation in design and control of the services and supports they use, gaining knowledge and skills to advocate for themselves and others, and influencing government as citizens in the political process.*

**OBJECTIVE:** ADVOCACY AGENDA. Develop an agenda for Council advocacy, identifying issues, legislation, regulation, policy and practice where change is needed to better support the ability of people with developmental disabilities to achieve independence, integration and productivity in Michigan. Continue to annually review, revise and reaffirm the agenda, and identify strategies for advocacy and for informing decision makers and the public about the needs and capabilities of people with developmental disabilities. Participate in activities to communicate the Council's advocacy agenda, findings and Council positions. Work with others to advocate for change to enable independence, productivity and integration in the community for people with developmental disabilities. Continue to develop strategies to improve programs and supports to enable people with developmental disabilities to achieve independence, productivity and integration in their communities. Work with others to monitor implementation of the Americans with Disabilities Act, to help people with developmental disabilities use the ADA to help meet the needs expressed in *A Chance to Choose*.
**Target Population:** Council members, other advocacy organizations, and decision makers.
**Time:** 1995 through 1997.
**Resources:** Council, Council staff.
**Outcome Indicators:** Annually updated agenda for Council advocacy. Council positions communicated to decision-makers and the general public. Further data analysis from *A Chance to Choose*. Broader awareness of the provisions of the ADA.
**Implementing Group:** Council and staff, others.

**OBJECTIVE:** *THE EVENT.* Continue working with others to convene the annual Michigan Congress of People with Disabilities (*The Event*) to create a public policy agenda for people with disabilities, friends and others. Encourage local, cross-disability coalitions of advocacy and self-advocacy groups, service providers and other groups representing people with disabilities and families of people with disabilities to organize local cross-disability coalitions.
**Target Population:** People with developmental disabilities, advocates, and decision makers.
**Time:** 1996 through 1997.
**Resources: Federal:** FY 1996, $30,000. FY 1997, $20,000.
**Outcome Indicators:** Annual Michigan Congress of People with Disabilities; public policy agenda for people with disabilities; rally at the state Capitol by handicappers and others; local cross-disability coalitions on disability rights.
**Implementing Group:** Michigan Council for Independent Living, Council members & staff, RICCs, others.

**Objective:** *THE FULCRUM.* Support continued development of a statewide newsletter, and/or other devices for sharing information, controlled and produced by people with disabilities, (include creative arts; self-advocacy; self-help information; information about services, rights and entitlements; letters to the editor). Yearly funding will decrease based on expectation of increased self-sufficiency, i.e., paid subscriptions and increased contributions.
**Target Population:** People with developmental disabilities.
**Time:** 1996 through 1997.
**Resources: Federal:** FY 1996, $10,000. FY 1997, $5,000. **Local:** FY 1996, $3,333 FY 1997, $1,333.
**Outcome Indicators:** Information sharing mechanism established and operating.
**Implementing Group:** Fulcrum editorial board with Ann Arbor Center for Independent Living or other grantee.

**OBJECTIVE:** CROSS-DISABILITY COALITION-BUILDING. Support and participate in development of national, statewide and local cross-disability coalitions grounded in grassroots community organizing. Participate in and support such groups as the National Council for Independent Living, whose primary responsibility is to promote the developing of these coalitions. Work with others to develop strategies in cross-disability coalition for effective networking. Participation and provide funding for a statewide coalition to provide cross-disability networking and coalition - building activities, broaden consumer participation in policy development, and provide cross-disability representation in other state-level coalitions, groups and activities.
**Target Population:** People with developmental disabilities and their advocates.
**Time:** 1995 through 1997
**Resources: Federal:** FY 1995, $55,000. FY 1996, $45,000. FY 1997, $35,000. **Local:** FY 1995, $18,333. FY 1996, $15,000. FY 1997, $11,667.
**Outcome Indicators:** Development and emergence of state-wide and local cross-disability coalitions.
**Implementing Group:** Michigan Council for Independent Living

**OBJECTIVE:** VOTER EDUCATION AND PARTICIPATION. Continue a project to provide voter education, training at polling locations and other activities to enable people with disabilities to participate actively and knowledgeably in partisan and non-partisan governmental activities. Participate in, and provide leadership for *The Event*. Assure that people with developmental disabilities have the information needed to monitor implementation of the Americans with Disabilities Act to help assure that congressional intent is met.
**Target Population:** People with developmental disabilities
**Time:** 1996 through 1997.
**Resources: Federal:** FY 1996, $25,000. FY 1997, $20,000. **Local:** FY 1996, $8,333. FY 1997, $6,667.
**Outcome Indicators:** Training provided.
**Implementing Group:** League of Women Voters of Michigan.

**OBJECTIVE:** PARTNERS IN POLICYMAKING. Support leadership development for people with disabilities and their family members by funding partners in policymaking in Michigan. A program of the World Institute on Disability, partners is an innovative national model designed to help participants become effective advocates, influencing public policy at all levels of government. Participants will gain information and skills by training and experience on disability issues and government processes, will serve various internships with public officials. The project will provide scholarships for some graduates to participate in Leadership Michigan.
**Target Population:** Thirty trainees per year, an equal number of adults with developmental disabilities and parents of young children with developmental disabilities, priority to those not currently involved in advocacy organizations. Each cohort will be chosen with consideration for male/female balance, multicultural representation, inclusion of low-income families & individuals and single parents, balanced representation of rural urban and suburban communities, and balanced representation of disabilities.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $150,000. FY 1996, $150,000. FY 1997, $150,000.
**Outcome Indicators:** People with disabilities will improve their ability to get the supports they need to participate in their communities. Participants will succeed in public education efforts, getting appointments to committees and commissions, and communicating with public officials and state, local and federal levels.
**Implementing Group:** Grantee(s) to be selected, Council staff.

**OBJECTIVE:** DIVERSITY OUTREACH. Increase diversity in the advocacy network and service delivery system by funding a project to demonstrate strategies for outreach to people with developmental disabilities and their families in minority and culturally distinct populations. The project will include a literature search, compilation of a handbook on successful approaches, and three to five local demonstration sites. Demonstration sites, with technical assistance from the principal grantee, will develop and demonstrate models

and provide input on revising the handbook. Models will be designed to:

- Increase minority representation among people with disabilities and their families who are active in advocacy groups in their communities, as measured by the number attending meetings, serving on boards and committees, and participating in other group activities;
- Increase minority representation on advisory committees, boards and other citizen input mechanisms of local service providing agencies;
- Increase minority representation among people with disabilities receiving services and supports from a specified set of local programs for people with developmental disabilities;
- Increase the incidence of positive service outcomes for people with developmental disabilities and their families in minority and culturally distinct populations receiving services and supports from the specified programs.

**Target Population:** People with developmental disabilities and their families in minority and culturally distinct populations. Groups and organizations that advocate for people with developmental disabilities and their families. Groups and organizations that provide services and supports for people with developmental disabilities and their families.
**Time:** 1996 through 1997.
**Resources: Federal:** FY 1996, $150,000. FY 1997, $150,000. **Local:** FY 1996, $33,333. FY 1997, $33,333.
**Outcome Indicators:** Handbook. Increased minority participation in advocacy groups and on boards and committee in the demonstration communities. Members of minority groups receiving more services and supports and a higher level of positive service outcomes from programs in the demonstration communities. Three-to-five Michigan models for increasing diversity in local advocacy and service systems.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** INCLUSION STUDY. Fund a study of how state policy affects community inclusion for people with developmental disabilities. Include examination and analysis of policy, funding streams and state discretionary funds across state departments and programs. Conduct focus groups and forums on the findings, and develop recommendations for advocacy groups, service providers, state departments, the Legislature and the Governor on better enabling community inclusion for Michigan citizens with developmental disabilities.
**Target Population:** People with developmental disabilities, advocacy groups, service providers, state departments, the Legislature and governor.
**Time:** 1996.
**Resources:** Federal: FY 1996, $50,000. **Other:** To be determined.
**Outcome Indicators:** Inclusion policy analysis and recommendations. Focus groups and forums.
**Implementing Group:** Grantee(s) to be selected.

**OBJECTIVE:** EVALUATION. To evaluate the Council's internal and external activities and projects under this goal area.
**Target Population:** Council members, staff and grantees.
**Time:** FY 1995-97.
**Resources: Federal:** FY 1995, $25,000. FY 1996, $25,000. FY 1997, $25,000.
**Outcome Indicators:** Written analysis of Council progress in achievement in goals and objectives in this goal area.
**Implementing Group:** Council members, staff and external evaluator(s) to be selected.

**OBJECTIVE:** INFORMATION DISSEMINATION. To provide public education through dissemination of information from Council-funded initiatives, projects, services and supports. To widely disseminate and make information available to people with disabilities and their families through written or electronic media, and support conferences and training seminars for people with disabilities and their family members. Also, to ensure service providers receive best practice information and that state-level policy makers receive customer and data-based information to help formulate coordinated state-level disability policy.

**Target Population:** People with developmental disabilities, family members, services providers, policy makers.

**Time:** FY 1995-1997.

**Resources: Federal:** FY1995, $50,000. FY1996, $50,000. FY1997, $50,000.

**Outcome Indicators:** Publications, videos, policy studies, conferences and training seminars.

**Implementing Group:** Council staff and grantee to be determined.

## GOAL V. Regional Interagency Coordinating Committees

*Develop and support a network of Regional Interagency Coordinating Committees (RICCs), to enhance Council efforts to increase supports and services for people with development disabilities and families.*

**OBJECTIVE:** RICC NETWORK CERTIFICATION. On acceptable application, certify each Regional Interagency Coordinating Committee and provide minimum operating funds of $500 per year. If a certified RICC chooses, provide an additional $2,500 per RICC to help carry out a work plan designed to coordinate local provision of services, increase the capacity of local agencies and service providers, increase consumer participation and address at least one of the Developmental Disabilities Council's goals.
**Target Population:** RICCs.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $126,000. FY 1996, $126,000. FY 1997, $126,000. **Local:** FY 1995, $13,860. FY 1996, $13,860. FY 1997, $13,860.
**Outcome Indicators:** Number of RICCs established; number of RICCs meeting certification requirement that fifty percent of membership be consumers. Report on activities and effects of RICCs. Work plans developed and reported on RICC activities.
**Implementing Group:** Certified RICCs.

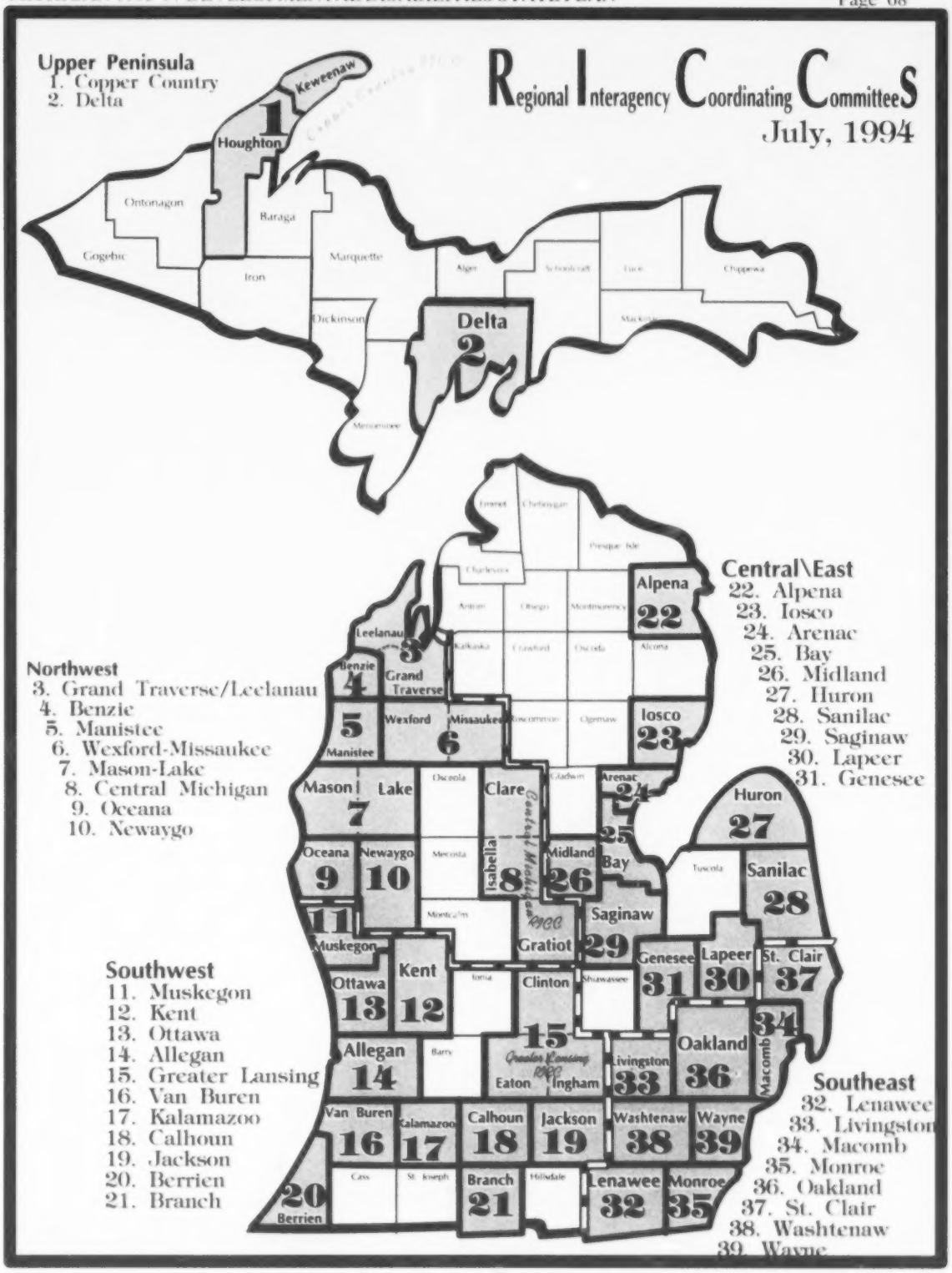
**OBJECTIVE:** RICC MINI-GRANTS. Using a competitive process among certified RICCs, provide a maximum of $8,000 per approved applicant to support projects to coordinate local services and to increase the capacity of local organizations and service providers in a Council goal area.
**Target Population:** Agencies serving people with developmental disabilities in Michigan.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $64,000. FY 1996, $64,000. FY 1997, $64,000. **Local:** FY 1995, $21,120. FY 1996, $21,120. FY 1997, $21,120.
**Outcome Indicators:** Successful completion of projects documented by satisfactory evaluation.
**Implementing Group**: Certified RICCs.

**OBJECTIVE:** MULTICULTURAL REPRESENTATION ON RICCS. On acceptable application by a certified RICC, provide competitive funding for projects to increase the range and depth of participation of people with disabilities and advocates who belong to culturally distinct populations on RICCs, focusing on increasing knowledge, awareness, and access of people with disabilities and advocates who belong to culturally distinct populations regarding the services and advocacy networks; and/or increasing the sensitivity of people in the services and advocacy network to ethnic and cultural concerns, and their knowledge and awareness of the special needs of culturally distinct populations.
**Target Population:** People with developmental disabilities and advocates who belong to culturally distinct populations, RICCs.
**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $14,000. FY 1996, $14,000. FY 1997, $14,000. **Local:** FY 1995, $1,540. FY 1996, $1,540. FY 1997, $1,540.
**Outcome Indicators:** Increased number of people with developmental disabilities and advocates who belong to culturally distinct populations participating on RICCs.
**Implementing Group:** RICCs, Council of RICC Chairs.

**OBJECTIVE:** COUNCIL OF RICC CHAIRS (CRC). Provide funds to members of the Council of RICC Chairs, to enable their participation in state and regional services coordination and enhancement, advocacy, and information sharing activities.
**Target Population:** RICC officers and their representatives.

**Time:** 1995 through 1997.
**Resources: Federal:** FY 1995, $15,000. FY 1996, $15,000. FY 1997, $15,000.
**Outcome Indicators:** Attendance at CRC meetings documented in minutes. Reporting documentation in RICC minutes. Annual report of CRC executive committee.
**Implementing Group:** Council of RICC Chairs, Council members, staff.

**OBJECTIVE:** TECHNICAL ASSISTANCE TO RICCS. Provide funds for staff to provide technical assistance and RICC coordination to RICCs and communities, provide expertise in assigned goal areas to RICCs, and the Council, and coordinate, monitor and help carry out goals under this section of the state plan.
**Target Population:** RICCs, CRC, Council.
**Time:** 1995 through 1997
**Resources: Federal:** FY 1995, $73,000. FY 1996, $75,000. FY 1997, $80,000.
**Outcome Indicators:** Technical assistance and RICC coordination. Support to the Council and CRC.
**Implementing Group:** Council staff.


Regional Interagency Coordinating Committees
July, 1994
Upper Peninsula
1. Copper Country
2. Delta
Northwest
3. Grand Traverse/Leelanau
4. Benzie
5. Manistee
6. Wexford-Missaukee
7. Mason-Lake
8. Central Michigan
9. Oceana
10. Newaygo
Central\East
22. Alpena
23. Iosco
24. Arenac
25. Bay
26. Midland
27. Huron
28. Sanilac
29. Saginaw
30. Lapeer
31. Genesee
Southwest
11. Muskegon
12. Kent
13. Ottawa
14. Allegan
15. Greater Lansing
16. Van Buren
17. Kalamazoo
18. Calhoun
19. Jackson
20. Berrien
21. Branch
Southeast
32. Lenawee
33. Livingston
34. Macomb
35. Monroe
36. Oakland
37. St. Clair
38. Washtenaw
39. Wayne
Houghton
Keweenaw
Ontonagon
Baraga
Gogebic
Iron
Marquette
Dickinson
Delta
Menominee
Alger
Schoolcraft
Luce
Chippewa
Mackinac
Emmet
Cheboygan
Presque Isle
Charlevoix
Antrim
Otsego
Montmorency
Alpena
Leelanau
Kalkaska
Crawford
Oscoda
Alcona
Benzie
Grand Traverse
Wexford
Missaukee
Roscommon
Ogemaw
Iosco
Manistee
Mason
Lake
Osceola
Clare
Gladwin
Arenac
Huron
Oceana
Newaygo
Mecosta
Isabella
Midland
Bay
Tuscola
Sanilac
Muskegon
Montcalm
Saginaw
Gratiot
Genesee
Lapeer
St. Clair
Ottawa
Kent
Ionia
Clinton
Shiawassee
Allegan
Barry
Eaton
Ingham
Livingston
Oakland
Macomb
Van Buren
Kalamazoo
Calhoun
Jackson
Washtenaw
Wayne
Cass
St. Joseph
Branch
Hillsdale
Lenawee
Monroe
Berrien

# SECTION V. ASSURANCES

## *Program Related*

1. Provide assurance that appropriate financial and technical assistance is provided to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designed as urban or rural poverty areas. [Section 122(c)(5)(D)]
2. Provide assurance that funds paid to the State under Section 125 of the Act will be used to make a significant contribution toward enhancing the independence, productivity, and integration into the community of persons with developmental disabilities. [Section 122(c)(5)(A)(i)]
3. Provide assurance that part of funds paid to the State under Section 125 will be made available by the State to public and nonprofit private entities. [Section 122(c)(5)(A)(i)]
4. Provide assurance that any services provided under the plan are provided in an individualized manner. [Section 122(c)(5)(F)]
5. Provide assurance that the human rights of all persons with developmental disabilities (especially those without familial protection) who are receiving treatment, services or habilitation under programs assisted under Part B of the Act will be protected consistent with Section 110 (relating to the rights of persons with developmental disabilities). [Section 122(c)(5)(G)]
6. Provide assurance that the State Planning Council prepares and approves a budget using amounts paid to the State under Section 125 to fund all activities and to hire such staff and obtain the services of such professional, technical, and clerical personnel (consistent with State law) as the State Planning Council determines to be necessary to carry out its functions under Part B of the Act. [Section 124(c)(4)(K)(8)]
7. Provide assurance that the Plan provides for the maximum utilization of all available community resources, including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations, to supplement services of paid employees. [Section 122(c)(5)(J)]
8. Provide assurance that, if Community Living is a priority area activity and employees are affected by actions under the Plan to provide community living activities, the Michigan Department of Mental Health has a process that employees can utilize to attempt to secure other employment. The Department will work with employees in an attempt to locate alternative employment options consistent with State law, Civil Service rules, and provisions of labor contracts. The Department also endeavors to provide training and retraining of employees where necessary through appropriate state and federal training and retraining programs. [Section 122(c)(5)(K)]

## *Administrative*

1. Provide assurances that the Designated State Agency shall discharge the responsibilities articulated in Section 124(d)(3).
2. Provide assurance that not more than 25% of funds paid to the State under Section 125 will be allocated to the Designated State Agency for the provision of services by the Designated State Agency and that such funds have been explicitly authorized by the Council. [Section 122(c)(5)(V)]
3. Provide assurance that funds paid to the State under Section 125 of the Act will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant such non-Federal funds. [Section 122(c)(5)(ii)]
4. Provide assurance that there will be reasonable State financial participation in the cost of carrying out the State Plan. [Section 122(c)(5)(B)]
5. Provide assurance that programs and facilities operated under the Plan meet Federal regulatory standards. [Section 122(c)(5)(E)]
6. Provide assurance that the State will provide the State Planning Council with a copy of each annual

survey report and plan of corrections for cited deficiencies prepared pursuant to Section 1902(a)(31) of the Social Security Act with respect to any intermediate facility for the mentally retarded in such State within 30 days after the completion of each such report or plan. [Section 122(c)(5)(I)]

7. Provide assurance that the staff and other personnel of a State Planning Council, while working for the State Planning Council, shall be responsible solely for assisting the State Planning Council in carrying out its duties under the Act and shall not be assigned duties by the Designated State Agency or any other agency or office of the State. [Section 122(c)(5)(L)]

8. Provide assurance that the State Plan was developed by the State Planning Council in consultation with the State agency designated under Section 122(c)(2). [Section 122(d)(2)]

9. The Michigan Developmental Disabilities Council has an approved Conflict of Interest Policy (adopted June 22, 1994) to ensure that no member shall cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of conflict of interest. [Section 122(c)(5)(C)]

10. Provide Assurance that the designated state agency or other office of the state will not interfere with systemic change, capacity building, and advocacy activities, budget, personnel, state plan development, or plan implementation of the Michigan Developmental Disabilities State Council, except that the designated state agency shall have the authority necessary to carry out the responsibilities described in Section 124 (d)(3). [Section 122(c)(5)(M)]

# BASIC STATE GRANT
# PROJECTED FUNDING PLAN

**State Name:** Michigan **Federal Fiscal Year:** 1995

| Activities Funded | Federal Share | Recipient's Share | Total Projected |
|---|---|---|---|
| **Priority Area & Mandated (PAM) Activities:** | | | |
| In Non-Poverty Areas | | | |
| In Poverty Areas | | | |
| Total PAM Activities | $1,825,576 | $9,253,710 | $11,079,286 |
| **Other Activities** | | | |
| Planning, Coordination & Advocacy | $696,235 | | $696,235 |
| Designated State Agency | $50,000 | $50,000 | $100,000 |
| Total Projected Funding | $2,571,811 | $9,303,710* | $11,875,521* |

| | |
|---|---|
| Total Federal Funding for Designated State Agency | $85,000 |

**Projected Funding Breakout by Priority Area and Mandated (PAM) Activities**

| | State Priority Area (Optional) | Federal PAM Activity | Total Projected |
|---|---|---|---|
| Employment | | $166,667 | $166,667 |
| Community Living | | $9,720,266* | $9,720,266* |
| Child Development | | | |
| System Coordination/ Community Education | | $654,853 | $654,853 |
| Education | $537,500 | | $537,500 |
| Priority Area Analysis | | | |
| 1990 Report Implementation | | | |
| Total Projected Funding | $537,500 | $10,541,786 | $11,079,286 |

**$8.9 million in family support subsidy is state match.*